2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: David C. Morton
SIGNATURE AND TYPED OR PERNTED NAME OF SIGNA

Mar 14, 2005 8:00 am Secretary of State DOCUMENT # N32077 03-14-2005 90089 032 ****61.25 HOPE LUTHERAN CHURCH, BONITA SPRINGS, FLORIDA, INC. Principal Place of Business Mailing Address 25999 OLD 41 RD. 25999 OLD 41 RD. 5 5 5 5 4 14 14 BONITA SPRINGS, FL 34135 **BONITA SPRINGS, FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042005 Chg-NP CB2E037 (10/03) City & State City & State 4. FEI Number 65-0416851 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORTON. MORTON, DAVID C DAVID C. Street Address (P.O. Box Number is Not Acceptable) 12329 AVIDA LANE 27161 ENCLAVE DRIVE BONITA SPRINGS, FL 34134 City BONITA SPRINGS 34135 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE David C. Morton, President Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. †∏LF ☐ Delete TITLE Change MORTON, DAVID NAME NAME MORTON, DAVID 27161 ENCLAVE DRIVE STREET ADORESS STREET ADDRESS 12329 AVIDA LANE CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP BONITA SPRINGS, FL 34135 Delete Change ☐ Addition TITLE TITLE KOENCK, ROBERT NAME NAME STREET ADDRESS 23821 CREEK BRANCH LANE STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE COOPER, CHERIE NAME NAME 22861 FOREST RIDGE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ESTERO, FL 339284327 CITY-ST-ZIP Delete TD. ☐ Change TITLE TITLE ☐ Addition NAME HOHL, JOHN NAME 1809 MONTICELLO DR. STREET ADDRESS STREET ADDRESS NAPLES, FL 34110 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE RIND, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 25596 LILAC COURT BONITA SPRINGS, FL 34135 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition PD ☐ Delete TITLE ☐ Change TITLE HOOKER, ROSS NAME STREET ADDRESS 18191 PARKRIDGE CIR. STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

239-499-0750