

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90035 044 ****70.00

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01182006 Chg-NP CR2E037 (11/05)

DOCUMENT # N32077 1. Entity Name HOPE LUTHERAN CHURCH, BONITA SPRINGS, FLORIDA, INC.																																																																																																																																																											
Principal Place of Business 25999 OLD 41 RD. BONITA SPRINGS, FL 34135			Mailing Address 25999 OLD 41 RD. BONITA SPRINGS, FL 34135																																																																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State			City & State																																																																																																																																																								
Zip		Country		4. FEI Number 65-0416851																																																																																																																																																							
5. Certificate of Status Desired ☒				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent MORTON, DAVID C 12329 AVIDA LANE BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																							
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 the obligations of registered agent.																																																																																																																																																											
SIGNATURE <u>David C. Morton, President</u> <u>1-21-06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. ☐																																																																																																																																																								
\$5.00 May Be Added to Fees			Make check payable to: Florida Department of State																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>MORTON, DAVID</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>12329 AVIDA LANE</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td></td> <td>BONITA SPRINGS, FL 34135</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>KOENCK, ROBERT</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>23821 CREEK BRANCH LANE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BONITA SPRINGS, FL 34135</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>FD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>COOPER, CHERIE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22861 FOREST RIDGE RD.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ESTERO, FL 339284327</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>HOHL, JOHN</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1809 MONTICELLO DR.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NAPLES, FL 34110</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;">☒ Delete</td> <td>TITLE</td> <td>Secretary</td> <td style="text-align: right;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>RIND, PATRICIA</td> <td></td> <td>NAME</td> <td>Phyllis Britton</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>25596 LILAC COURT</td> <td></td> <td>STREET ADDRESS</td> <td>23320 West Eldorado</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BONITA SPRINGS, FL 34135</td> <td></td> <td>CITY-ST-ZIP</td> <td>Bonita Springs, FL 34134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;">☒ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>HOOKER, ROSS</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18191 PARKRIDGE CIR.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33908</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	MORTON, DAVID		STREET ADDRESS			CITY-ST-ZIP	12329 AVIDA LANE		CITY-ST-ZIP				BONITA SPRINGS, FL 34135					TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	KOENCK, ROBERT		NAME			STREET ADDRESS	23821 CREEK BRANCH LANE		STREET ADDRESS			CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP			TITLE	FD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	COOPER, CHERIE		NAME			STREET ADDRESS	22861 FOREST RIDGE RD.		STREET ADDRESS			CITY-ST-ZIP	ESTERO, FL 339284327		CITY-ST-ZIP			TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	HOHL, JOHN		NAME			STREET ADDRESS	1809 MONTICELLO DR.		STREET ADDRESS			CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP			TITLE	D	☒ Delete	TITLE	Secretary	☒ Change ☐ Addition	NAME	RIND, PATRICIA		NAME	Phyllis Britton		STREET ADDRESS	25596 LILAC COURT		STREET ADDRESS	23320 West Eldorado		CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Bonita Springs, FL 34134		TITLE	PD	☒ Delete	TITLE		☐ Change ☐ Addition	NAME	HOOKER, ROSS		NAME			STREET ADDRESS	18191 PARKRIDGE CIR.		STREET ADDRESS			CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																																																																																																																																																											
SIGNATURE: David C. Morton <u>1-21-06</u> <u>405-2001</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																											