2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32077

FILED Jan 12, 2007 Secretary of State

Entity Name: HOPE LUTHERAN CHURCH, BONITA SPRINGS, FLORIDA, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
25999 OLI	D 41 RD. BPRINGS, FL 34135			
JOINITA C	1 KINOO, 1 E 34133			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
25999 OLI BONITA S	D 41 RD. PRINGS, FL 34135			
FEI Number	: 65-0416851 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
	., .,	.,		
	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
12329 AVI	, DAVID C DA LANE PRINGS, FL 34135 US			
	e named entity submits this statement for the pur e of Florida.	rpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Agen	t	Date	
			Date GES TO OFFICERS AND DIRECTORS	
OFFICER Title: Jame: Address:	Electronic Signature of Registered Agen			
	Electronic Signature of Registered Agents S AND DIRECTORS: PD () Delete MORTON, DAVID 12329 AVIDA LANE	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR	
DFFICER Title: Address: City-St-Zip: Title: Jame: Address:	Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete MORTON, DAVID 12329 AVIDA LANE BONITA SPRINGS, FL 34135 VD () Delete KOENCK, ROBERT 23821 CREEK BRANCH LANE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR: () Change () Addition	
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Name: Address:	Electronic Signature of Registered Agent S AND DIRECTORS: PD () Delete MORTON, DAVID 12329 AVIDA LANE BONITA SPRINGS, FL 34135 VD () Delete KOENCK, ROBERT 23821 CREEK BRANCH LANE BONITA SPRINGS, FL 34135 FD () Delete COOPER, CHERIE 22861 FOREST RIDGE RD. ESTERO, FL 339284327 TD () Delete HOHL, JOHN 1809 MONTICELLO DR.	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. MORTON PRES 01/12/2007