

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32077

FILED
Mar 20, 2008
Secretary of State

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

Current Principal Place of Business:

25999 OLD 41 RD.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

25999 OLD 41 RD.
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 65-0416851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTON, DAVID C
12329 AVIDA LANE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

NIEMEIER, LYNN
25999 OLD 41 ROAD
BONITA SPRINGS, FL 34135 US

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.

SIGNATURE: LYNN NIEMEIER

03/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORTON, DAVID
Address: 12329 AVIDA LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD () Delete
Name: KOENCK, ROBERT
Address: 23821 CREEK BRANCH LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: FD () Delete
Name: COOPER, CHERIE
Address: 22861 FOREST RIDGE RD.
City-St-Zip: ESTERO, FL 339284327

Title: TD () Delete
Name: HOHL, JOHN
Address: 1809 MONTICELLO DR.
City-St-Zip: NAPLES, FL 34110

Title: S (X) Delete
Name: BRITTON, PHYLLIS
Address: 23320 W ELDORADO
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NIEMEIER, LYNN
Address: 25999 OLD 41 ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP (X) Change () Addition
Name: STOLZ, LOU
Address: 25999 OLD 41 ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD (X) Change () Addition
Name: KETTELER, THOMAS
Address: 25999 OLD 41 ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S (X) Change () Addition
Name: BRITTON, PHYLLIS
Address: 25999 OLD 41 ROAD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS KETTELER

TD

03/20/2008

Electronic Signature of Signing Officer or Director

Date