2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

25999 OLD 41 RD.

DOCUMENT # N32077

1. Entity Name

25999 OLD 41 RD.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

P.O. BOX 1615

BONITA SPRINGS FL 34933-1615

Principal Place of Business

HOPE LUTHERAN CHURCH, BONITA SPRINGS, FLORIDA, I NC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90143 001 ****61.25

11015#00

BONITA SPRINGS FL 34135		BONITA SPRINGS FL 34135			1015400			
2. Principal Place of Business 3. N		3. Mailing Address	Mailing Address			[[]]		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 65-0416851 Applied For			
		<u> </u>					t Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
	, CHARLES		Street A	ddress (P.O. Box Number is Not Acceptable)				
23424 CORAL BEAN COURT								
BONITA SPRINGS FL 34135								
	**		City		F	Zip Code	9	
8. The above	e named entity submits this statement for	or the purpose of changing its r	registered office o	r registered agent, or both, in	the State of Florida. I ar	m familiar with,	and accept	
	tions of registered agent.	, ,		-		-		
SIGNATURE			<u> </u>		DATE		 (
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signa	ture required when reinstating)	DATE			
					-			
ar Ç	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
_		inds, i dild Ot	omnibation.	Added to Fees	riorida Depa	artinent of a	naie (
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	X Delete	TITLE			☐ Change	Addition	
NAME	JOHANSON, KENT		NAME					
STREET ADDRESS	5731 MARIMIN DR		STREET ADDRESS					
CITY-ST-ZIP	BONITA SPRINGS FL 34134-4372	2	CITY-ST-ZIP					
TITLE	SD	☐ Delete	TITLE	PD		🔀 Change	☐ Addition	
NAME	MORTON, DAVE		NAME	MORTON, DAVID				
STREET ADDRESS	27161 ENCLAVE DRIVE			27161 ENCLAVE	27161 ENCLAVE DRIVE			
CITY-ST-ZIP	BONITA SPRINGS FL 34134		CITY-ST-ZIP	BONITA SPRINGS	5, FL 34134			
TITLE	D	7.3 Delete	TITLE	D		Change	X Addition	
NAME	GEHRKE, CHARLIE		NAME	HOOKER, ROSS	·			
STREET ADDRESS	LOIL FOOT LE DE LI COUNT		STREET ADDRESS CITY-ST-ZIP	10191 PARREIDGE CIRCLE				
CITY-ST-ZIP	BONITA SPRINGS FL 34135			FORT MYERS, F	L_33908		₹₹₹£dditie=	
THTLE	VD STOLZ LOU	⊠ Delete	TITLÉ NAME	D		☐ Change	XX Addition	
NAME CIRCEL ADDRESS	STOLZ, LOU		NAME STREET ADDRESS	LEMONT, JEROME				
STREET ADDRESS CITY-ST-ZIP	13171 B RIDGEFORD BONITA SPRINGS FL 34135		CITY-ST-ZIP	28224 MEADOWLA				
	TD			BONITA SPRINGS	, FL 34134	K) Change	☐ Addition	
TITLE NAME	LEMONT, DEE	☐ Delete	TITLE NAME	TD LEMONT, DEE		W Cusubs	☐ Addition	
INVINE	LLINVITI ULL		INCHIL	I DEMONIA DEE				

BONITA SPRINGS, FL 34135 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

WINDERFORMANCE STORY AND S

4-21-03

LEMONT, DEE

RIND, PATRICIA

25596 LILAC COURT

28224 MEADOWLARK LANE

BONITA SPRINGS, FL 34134

49820750

☐ Change

XX Addition