FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36904 (3)

1. Corporation Name

HOPE LUTHERAN CHURCH OF MIAMI

Principal Place of Business	Mailing Address
% HELEN JOHNSON 5353 SW 67TH AVE MIAMI FL 33155	% HELEN JOHNSON 5353 SW 67TH AVE MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-3019019 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o MARTHA L. MATZ	26 c/o MARTHA L. MATZ
Suite, Apt. #, etc. 22 7291 SW 13 TERR	Suite, Apt. #, etc. 27 7291 SW 13 TERR
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33144 / 25 USA	Zip / Country 29 33144 / 30 USA

9. Name and Address of Current Registered Agent

JOHNSON, HELEN
5253 SW 67TH AVE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: MARTHA L. MATZ
82 Street Address (P.O. Box Number is Not Acceptable): 7291 SW 13 TERR
83
84 City: MIAMI FL 85 Zip Code: 33144

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Martha L. Matz — April 5, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	JOHNSON, HELEN	1.2 NAME	MARTHA L. MATZ	
STREET ADDRESS	5253 SW 67TH AVE	1.3 STREET ADDRESS	7291 SW 13 TERR	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33144	
TITLE	SD	2.1 TITLE	V P D	☒ Change ☐ Addition
NAME	NANNEY, BARBARA	2.2 NAME	THE REV. ANNA FIGUEIRO	
STREET ADDRESS	5951 S.W. 44 TERR.	2.3 STREET ADDRESS	15440 SW 82 CIR LN #68	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	3.1 TITLE	S D	☒ Change ☐ Addition
NAME	WAGNER, ANDREW	3.2 NAME	FRANCES M. DAVILA	
STREET ADDRESS	4225 SW 10 ST	3.3 STREET ADDRESS	11245 NW 5 TERR	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	4.1 TITLE	T D	☒ Change ☐ Addition
NAME	DREYFUSS, JOHN	4.2 NAME	JIM HEIMAN	
STREET ADDRESS	4300 SW 67 AVE #15	4.3 STREET ADDRESS	4520 SW 62 CT.	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	So. MIAMI FL 33155	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHARDT, GEORGE	5.2 NAME		
STREET ADDRESS	8980 S.W. 125 TERR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha L. Matz — April 5, 1995 — (305) 261-1228
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0043109