

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 B-696 B-1898 C

DOCUMENT # N36904

(3)

1. Corporation Name

HOPE LUTHERAN CHURCH OF MIAMI

Principal Place of Business

C/O MARTHA L. MATZ  
7291 S.W. 13 TERRACE  
MIAMI FL 33144  
US

Mailing Address

C/O MARTHA L. MATZ  
7291 S.W. 13 TERRACE  
MIAMI FL 33144  
US



3. Date Incorporated or Qualified

03/02/1990

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 6330 SW 40 ST.

26 6330 SW 40 ST.

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

miami FL

miami FL

24 Zip

25 Country

29 Zip

30 Country

33155

USA

33155

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATZ, MARTHA L  
7291 S.W. 13 TERRACE  
MIAMI FL 33144

81 Name

ANDREW K. WAGNER

82 Street Address (P.O. Box Number is Not Acceptable)

11081 SW 58 TER.

83

84 City

MIAMI

FL

85 Zip Code

33173

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Andrew K. Wagner

ANDREW K. WAGNER

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  
NAME MATZ, MARTHA  
STREET ADDRESS 7291 S.W. 13 TERRACE  
CITY-ST-ZIP MIAMI FL

☒ DELETE

1.1 TITLE PRESIDENT  
1.2 NAME ANDREW K. WAGNER  
1.3 STREET ADDRESS 11081 SW 58 TER  
1.4 CITY-ST-ZIP MIAMI FL 33155

☐ Change

☒ Addition

TITLE VPD  
NAME FIGUEIRO, ANNA T REV.  
STREET ADDRESS 15660 S.W. 82 CIR. LN. #68  
CITY-ST-ZIP MIAMI FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME DAVILA, FRANCES M  
STREET ADDRESS 11245 N.W. 5 TERRACE  
CITY-ST-ZIP MIAMI FL

☒ DELETE

3.1 TITLE SECRETARY  
3.2 NAME WEEDI KALIL  
3.3 STREET ADDRESS 7501 SW 32 ST  
3.4 CITY-ST-ZIP MIAMI FL 33155

☐ Change

☒ Addition

TITLE TD  
NAME HEIMAN, JIM  
STREET ADDRESS 4520 S.W. 62 CT.  
CITY-ST-ZIP SO. MIAMI FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME SCHARDT, GEORGE  
STREET ADDRESS 8960 S.W. 125 TERR.  
CITY-ST-ZIP MIAMI FL

☒ DELETE

5.1 TITLE D  
5.2 NAME MIRIAM MUSSEY  
5.3 STREET ADDRESS 565 NE 105 ST  
5.4 CITY-ST-ZIP MIAMI SHORES FL 33138

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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:

Andrew K. Wagner

ANDREW K. WAGNER

(305) 661-5151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)