## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90008 045 \*\*\*\*61.25

DOCUMENT # N38731  1. Entity Name HOPE LUTHERAN CHURCH, INC. OF SATSUMA, FLORIDA					03-31-200	8 90008 045 ***	*61.25
273 COUNTY ROAD 309 PO E		Mailing Address PO BOX 132 SATSUMA, FL 32189	0 B0X 132			II	[##]]]
Principal Place of Business - No P.O. Box #     3. Ma		3. Mailing Address	failing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (12/06)	
City & State		City & State	City & State		02	<b>⊢</b>	Applied For Not Applicable
Zip 	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
<del></del>	6. Name and Address of Current	Registered Agent	Name	7. Name and Ad	dress of New I	Registered Agent	
PETERSON, JEROME  128 MOCKINGBIRD LANE PO BOX #75				Street Address (P.O. Box Number is Not Acceptable)			
GEORGETOWN, FL 32139			City	FL Zip Code			
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. I am familiar							and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered of Pilling Fee is \$61.25  Due by May 1, 2008  9. Election Campaign Fin Trust Fund Contribution				\$5.00 May Be Added to Fees		DATE  Make check payable rida Department of	
10.	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANG	GES TO OFFICE	ERS AND DIRECTORS	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 3 TIETØE, JACK 264 HESS ROAD GEORGETOWN, FL 32139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREDERICK, JEANNIE 199 CHESTNUT STREET CRESCENT, FL 32112	<b>⊠</b> •Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE Pro TEROME PE 178 Mackin Secretors Secretors	gbird	□ Change  L=Ne  32139	<b>⊠</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOEFER, ANN 122 RABBIT TRACK ROAD SATSUMA, FL 32189	Æ Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MarikyN 492 Lak	COOP.	Drive Bo	_
TITLE NAME Street Address City-St-Zip	T MAGNUSON, PATRICIA 1162 COUNTY ROAD 309 CRESCENT CITY, FL 32112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
NAME STREET ADDRESS		☐ Delete	TITLE NAME			☐ Change	Addition

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 eath; 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.

SIGNATURE: Datricia Magnuson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (386) 467-8445 Daytime Phone #