

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90078 027 ****61.25

DOCUMENT # N38731

1. Entity Name

HOPE LUTHERAN CHURCH, INC. OF WELAKA, FLORIDA



Principal Place of Business

**273 COUNTY ROAD 309
SATSUMA FL 32189**

Mailing Address

**POST OFFICE BOX 375
WELAKA FL 32193**

70024424



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

273 County Road 309
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 132
Suite, Apt. #, etc.

City & State

Satsuma, Fl.

City & State

Satsuma, Fl.

4. FEI Number **59-2985902**

Applied For

☒ Not Applicable

Zip

32189

Country

Putnam

Zip

32189

Country

Putnam

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PETERSON, JEROME
128 MOCKINGBIRD LANE
GEORGETOWN FL 32139**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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 with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, JEROME 128 MOCKINGBIRD LANE GEORGETOWN FL 32139 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LATHAM, LAUREL 101 HAWAII AVE SATSUMA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOPER, MARILYN 492 LAKE COMO DR LAKE COMO FL 32157 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEASHORE, GREG 106 WILLIAM BARTRAM DR. WELAKA FL 32193 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Seashore, Greg 106 William Barton Dr. Welaka, Fl. 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jerome Peterson 128 Mockingbird Lane Georgetown, Fl. 32157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

Signature of Jerome Peterson

3/3/03

386-649-4484

CR2E037 (10/02)