

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:27

DOCUMENT # N39117 (9)

1. Corporation Name

VILLAGE OF HOPE, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 5406
SPRING HILL FL 34606

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SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1990

3a. Date of Last Report

02/02/1994

4. FEI Number

59-3026218

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUETTNER, JOSEPH F.
12468 W. CORONADO DR.
SPRING HILL FL 34609

81 Name

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

83

84 City

FL

85 Zip Code

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

JOSEPH F. BUETTNER

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BIERWILER, FRANK
STREET ADDRESS	4526 DELTONA BLVD.
CITY-ST-ZIP	SPRING HILL FL
TITLE	D
NAME	BUETTNER, JOSEPH F.
STREET ADDRESS	12468 W. CORONADO DR.
CITY-ST-ZIP	SPRING HILL FL
TITLE	D
NAME	THOMAS, MALCOLM C.
STREET ADDRESS	8124 RIVER COUNTRY DR.
CITY-ST-ZIP	SPRING HILL FL
TITLE	ST
NAME	MC LEOD, DOROTHY L.
STREET ADDRESS	8375 BRAGANZA ST.
CITY-ST-ZIP	SPRING HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Bierwiler, Frank	
1.3 STREET ADDRESS	4526 Deltona Blvd.	
1.4 CITY-ST-ZIP	Spring Hill, FL 34608	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	Buettner, Joseph F.	
2.3 STREET ADDRESS	12468 W. Coronado Dr.	
2.4 CITY-ST-ZIP	Spring Hill, FL 34608	
3.1 TITLE	S	☒ Change ☐ Addition
3.2 NAME	McLeod, Dorothy L.	
3.3 STREET ADDRESS	8375 Braganza St.	
3.4 CITY-ST-ZIP	Spring Hill, FL 34608	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Schimmelmann, Robert H.	
4.3 STREET ADDRESS	3410 Lambert Avenue	
4.4 CITY-ST-ZIP	Spring Hill, FL 34608	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Kessman, David	
5.3 STREET ADDRESS	5030 Plumosa	
5.4 CITY-ST-ZIP	Spring Hill, FL 34607	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Scheich, Donald	
6.3 STREET ADDRESS	10427 Bedford Rd	
6.4 CITY-ST-ZIP	Spring Hill, FL 34608	

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 110.07(3)(4), 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:

JOSEPH F. BUETTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 20, 1995 (904) 596-3546