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Secretary of State
01-31-2005 90067 010 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42908

1. Entity Name
HOPE UNITED METHODIST CHURCH OF CAPE CORAL, INC.

66013103

Principal Place of Business	Mailing Address
2006 CHIQUITA BLVD. CAPE CORAL, FL 33991 US	2006 CHIQUITA BLVD. CAPE CORAL, FL 33991 US

01152005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHAPMAN, CHERIE 2006 CHIQUITA BLVD. S. CAPE CORAL, FL 33919	Name Tamara Gray Street Address (P.O. Box Number is Not Acceptable) 2006 Chiquita Blvd City Cape Coral FL Zip Code 33991

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODWARD, DOUGLAS MR. 4321 SW 16 PLACE CAPE CORAL, FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Billy Miller - Trustee 4527 SW 6th Pl Cape Coral, FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIEGLER, TOM MR. 2122 S.W. 39TH ST. CAPE CORAL, FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jody Thomas - Trustee 615 SE 22nd St Cape Coral, FL 33990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRESHER, BOB MR. 14680 SMOKEY HOLLOW LN. NORTH FORT MYERS, FL 33903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	James Thomas-Trustee 615 SE 22nd St Cape Coral, FL 33990	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEARL, GENE MR 1621 S W 11TH AVE CAPE CORAL, FL 33991	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Burma Pacetti-Trustee 4937 SW 11th Ct Cape Coral, FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, DELBERT MR. 714 SW 56 STR CAPE CORAL, FL 33914	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Chandler-Trustee 2707 NW 22nd Terr Cape Coral, FL 33993	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Elwood Anderson-Trustee 403 SE 13th Ave Cape Coral, FL 33990	☐ Change ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #