2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2006 8:00 am Secretary of State 02-02-2006 90042 001 ****61.25

DOCUMENT # N42908 1. Entity Name HOPE UNITED METHODIST CHURCH OF CAPE CORAL, INC.							11111111111111111111111111111111111111	02-02-2000	90042 00	<i>5</i> 1 01	1.23
2006 CHIQUITA BLVD. 200				ailing Address 2006 CHIQUITA BLVD. APE CORAL, FL 33991 US				'*			
2. Principal P	Place of Busin	ness	3. Mailing	Address							
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			01082006	Chg-NP	CR2E03	37 (11/05)	
City & State			City & State			4. FEI Numbe NOT AP	PLICABLE		 	oplied For	
Zip Country		Zip	Zip Cou		intry	5. Certificate of Status Desired S8.75 Additional Fee Required			ditional		
	6. Name	and Address of Current	Registered A	gent			7. Name and	Address of New	Registered	Agent	
GRAY, TA 2006 CHIO CAPE COI	QUITA BLV					Name Street Addres	ss (P.O. Box Numbe	er is Not Acceptab	ole)	,	
						City			FL	Zip Cod	е
8. The above the obligate	tions of regist	y submits this statement for ered agent. Way D: M or printed name of registered agent	ray					h, in the State of F		familiar with,	and accept
	D.G	Or hustrary smalle or refrigue an stilerin	t and litter applicat	ile. (NOTE	: Registere	d Agent signature requ	uired when reinstating)		DATE		
	Filing Fe	e îs \$61.25 flay 1, 2006	t and IIIe application	9. Election Carr Trust Fund C	npaign F	inancing	\$5.00 May B		Make check		
10.	Filing Fe	e is \$61.25		9. Election Carr	npaign F	inancing	\$5.00 May B Added to Fees	Flo	Make checi orida Depar	tment of Si	tate
10.	Filing Fe	e is \$61.25 lay 1, 2006		9. Election Cam Trust Fund C	npaign F Contribut	inancing ion.	\$5.00 May B Added to Fees ADDITIONS/CHA		Make checi orida Depar	tment of S	tate
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Indicated on this report or supplied with this limit does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is frue 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: Amor	D OR PRINTED NAME OF SEMING OFFICER OR DIRECTOR	1/10	106	239-541-1415
SIGNATURE AND TYPE	D OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR		Date	Daytime Phone #