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

APPROVED AND FILED

95 MAY -1 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47187** **(2)**

1. Corporation Name
HOPE CHAPEL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9307 SE OLYMPUS AVE HOBE SOUND FL 33455	9307 SE OLYMPUS AVE HOBE SOUND FL 33455

3. Date Incorporated or Qualified: **02/05/1992**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **65-0341343** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:
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
BURNS, C. DALE 9307 SE OLYMPUS AVE HOBE SOUND FL 33455	81 Name: LOUANNE BRUNO 82 Street Address (P.O. Box Number is Not Acceptable): 9307 S.E. OLYMPUS STREET 83: 84 City: HOBE SOUND, FL 85 Zip Code: 33455

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: LOUANNE BRUNO — Louanne Bruno — 4-28-95
(If changing Registered Agent, Signature required where indicated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	BURNS, C. DALE	12 NAME	POSLUSZNY, THOMAS	
STREET ADDRESS	9307 SE OLYMPUS AVE	13 STREET ADDRESS	9285 S.E. KARIN STREET	
CITY ST ZIP	HOBE SOUND FL	14 CITY ST ZIP	HOBE SOUND, FL. 33455	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	BURNS, KATHERINE	22 NAME	COLLETT, CLAYTON	
STREET ADDRESS	9307 SE OLYMPUS AVE	23 STREET ADDRESS	9455 S.E. PARK STREET	
CITY ST ZIP	HOBE SOUND FL	24 CITY ST ZIP	HOBE SOUND, FL. 33455	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	MARTIN, IMELDA	32 NAME	BRUNO, LOUANNE	
STREET ADDRESS	161 S RIVER RD	33 STREET ADDRESS	9307 S.E. OLYMPUS STREET	
CITY ST ZIP	STUART FL	34 CITY ST ZIP	HOBE SOUND, FL. 33455	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 119.07(3)(i), 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: LOUANNE BRUNO — Louanne Bruno — 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

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