

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005899

FILED
May 31, 2006
Secretary of State

Entity Name: HOPE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

HOPE UNITED METHODIST CHURCH
2200 LITTLE RD
NEW PORT RICHEY, FL 34655 US

New Principal Place of Business:

Current Mailing Address:

HOPE UNITED METHODIST CHURCH
2200 LITTLE RD
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 59-3418336 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ARNOLD, LEWIS D
2200 LITTLE ROAD
TRINITY, FL 34655 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: CARLSON, BRUCE
Address: 4744 YELLOWSTONE DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: P () Delete
Name: MITCHELL, RON
Address: 1449 KISH BLVD
City-St-Zip: TRINITY, FL 34655

Title: T () Delete
Name: POYHONEN, JOHN
Address: 1250 RAMBLING VINE CT.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S () Delete
Name: DUINK, DONNA
Address: 6451 SWEETGUM DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: V () Delete
Name: EMERSON, GARY
Address: 1308 MIDDLESEX DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: WOOD, PHILLIP W
Address: 8505 FORREST GLADE DR
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WILSON, ROBERT
Address: 1324 OAK MEADOW PT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: T (X) Change () Addition
Name: BROWN, TONY
Address: 1553 REGAL MIST LOOP
City-St-Zip: TRINITY, FL 34655

Title: S (X) Change () Addition
Name: PIETRAS, AUDREY MS
Address: 1520 ORCHARDGROVE AVE
City-St-Zip: TRINITY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WILSON

P

05/31/2006

Electronic Signature of Signing Officer or Director

Date