

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005293

FILED  
Mar 04, 2008  
Secretary of State

Entity Name: IONA-HOPE EPISCOPAL CHURCH, INC.

## Current Principal Place of Business:

9650 GLADIOLUS DRIVE  
FORT MYERS, FL 33908

## New Principal Place of Business:

## Current Mailing Address:

9650 GLADIOLUS DRIVE  
FORT MYERS, FL 33908

## New Mailing Address:

FEI Number: 65-0960136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRIPP, THEODORE L JR.  
2532 FIRST STREET  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

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: PD ( ) Delete  
Name: ADLER, JOHN S  
Address: 9650 GLADIOLUS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: SD ( ) Delete  
Name: HARPER, VIRGINIA  
Address: 9650 GLADIOLUS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: TD ( ) Delete  
Name: GALYEAN, PAM  
Address: 9650 GLADIOLUS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: BRADFORD, DARREN  
Address: 9650 GLADIOLUS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete  
Name: JON, ZOOK  
Address: 9650 GLADIOLUS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: VD ( ) Delete  
Name: LOUDENBACK, DIXIE  
Address: 9650 GLADIOLUS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: DAN, WILLIAMSON  
Address: 9650 GLADIOLUS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN S ADLER

PD

03/04/2008

Electronic Signature of Signing Officer or Director

Date