

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 21 PM 3:44

DOCUMENT # **842003** (6)
1. Corporation Name
HOPE COLLEGE, INC.

Principal Place of Business Mailing Address
**ADMINISTRATION BLDG.
HOPE COLLEGE
HOLLAND MI 49423** **ADMINISTRATION BLDG.
HOPE COLLEGE
HOLLAND MI 49423**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/07/1978	3a. Date of Last Report 03/04/1994
4. FEI Number 38-1381271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28	29 Country	30 Country
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9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, JOHN H.	1.2 NAME	
STREET ADDRESS	HOPE COLLEGE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLAND MI	1.4 CITY-ST-ZIP	
TITLE	VCD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, PHILLIP	2.2 NAME	
STREET ADDRESS	860 E. MAIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZEELAND MI	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, WILLIAM K	3.2 NAME	
STREET ADDRESS	4491-168TH	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLAND, MI 0	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPREE, MAX	4.2 NAME	
STREET ADDRESS	2967 N.LAKESHORE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLAND MI	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOERSMA, MAX D.	5.2 NAME	
STREET ADDRESS	1318 CALVIN, S.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(3)(k), 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 of Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Douglas L. Van Dyken* *John H. Jacobson* Date: **3/1/95** **3.2.95** **616-395-7810** **616-395-7700**