

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 07, 2005  
Secretary of State

DOCUMENT# 842003

Entity Name: HOPE COLLEGE, INC.

**Current Principal Place of Business:**

ADMINISTRATION BLDG.  
HOPE COLLEGE  
HOLLAND, MI 49423

**New Principal Place of Business:**

**Current Mailing Address:**

ADMINISTRATION BLDG.  
HOPE COLLEGE  
HOLLAND, MI 49423

**New Mailing Address:**

FEI Number: 38-1381271      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:**

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BULTMAN, JAMES  
Address: 141 E 12TH STREET, PO BOX 9000  
City-St-Zip: HOLLAND, MI 494229000

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

Title: C ( ) Delete  
Name: BOUWENS, JOEL G  
Address: 2714 MEADOW DRIVE  
City-St-Zip: ZEELEND, MI 49464

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

Title: VP ( ) Delete  
Name: ANDERSON, WILLIAM K,  
Address: 1369 SANDY RUN  
City-St-Zip: HOLLAND, MI 49424

Title: CFO (X) Change ( ) Addition  
Name: BYLSMA, THOMAS  
Address: 5821 16TH AVENUE  
City-St-Zip: HUDSONVILLE, MI 49426

Title: D ( ) Delete  
Name: SEMEYN, PETER C  
Address: 4373 AUDUBON DRIVE  
City-St-Zip: TRAVERSE CITY, MI 49686

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

Title: D ( ) Delete  
Name: HENDRICKS, LYNNE R  
Address: 3847 S BIG SPRING DRIVE  
City-St-Zip: GRANDVILLE, MI 49418

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: WERKMAN, BARRY L  
Address: 416 NORTH CALVIN STREET  
City-St-Zip: HOLLAND, MI 49464

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BARRY L. WERKMAN

VP

07/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date