

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
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 ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: P () Delete
Name: BULTMAN, JAMES
Address: 141 E 12TH STREET, PO BOX 9000
City-St-Zip: HOLLAND, MI 494229000

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

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

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

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
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Address:
City-St-Zip:

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: BARRY L. WERKMAN

VP

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date