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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	12/07/1978	
4. FEI Number	38-1381271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	O	<input type="checkbox"/> DELETE
NAME	JACOBSON, JOHN H.	
STREET ADDRESS	HOPE COLLEGE	
CITY - ST - ZIP	HOLLAND MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRUITHOR, FREDERICK REV.	
STREET ADDRESS	2920 BRONSON BLVD.	
CITY - ST - ZIP	KALAMAZOO MI	
TITLE	O	<input type="checkbox"/> DELETE
NAME	ANDERSON, WILLIAM K	
STREET ADDRESS	4491-188TH	
CITY - ST - ZIP	HOLLAND, MI 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPBELL, J. KERMIT	
STREET ADDRESS	2303 SUSNET BLUFF	
CITY - ST - ZIP	HOLLAND MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOERSMA, MAX D.	
STREET ADDRESS	319 WALNUT CT	
CITY - ST - ZIP	HOLLAND MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Hope College
1.4 CITY - ST - ZIP	141 E. 12th Street, P.O. Box 9000 Holland, MI 49422-9000
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kruithof
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	Kalamazoo, MI 49008
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1369 Sandy Run
3.4 CITY - ST - ZIP	Holland, MI 49424
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2721 Nelson Road
4.4 CITY - ST - ZIP	Traverse City, MI 49686
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	Holland, MI 49423
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X John H. Jacobson* **REQUIRED** John H. Jacobson, President 616-395-7780

CR2E037 (10/97)