


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-05-1999 90021 036 *****61.25

DOCUMENT # 702917
 Corporation Name
WONEMENT LUTHERAN CHURCH, INCORPORATED

Principal Place of Business
 S.E. LAKEVIEW DRIVE
 SEBRING FL 33870

Mailing Address
 1744 S.E. LAKEVIEW DRIVE
 SEBRING FL 33870



| | | |
|-----------------------------|---------------------|---|
| Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 26 | Suite, Apt. #, etc. | 09/11/1961 |
| City & State | 27 | 4. FEI Number |
| Country | 28 | 59-1857294 |
| 25 | 29 | 5. Certificate of Status Desired <input type="checkbox"/> |
| 30 | Country | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| | | <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| 81 Name | 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 83 |
| 84 City | 84 City |
| | 85 Zip Code |
| | FL |

In accordance with 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 agent 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: _____

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| VD FERNLSER, EUGENE R 2348 SPARROW AVE SEBRING, FL 00000 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD FITZPATRICK, RON 1113 WHISPER LAKE BLVD, E. SEBRING FL 33870 | <input type="checkbox"/> DELETE | 1.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TD HODSON, EDNA 1760 ROBIN CT. SEBRING FL | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| SD STEPHENSON, PEG 117 LONGVIEW SEBRING, FL 00000 | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 2.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 3.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 4.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 5.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 6.2 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 stated 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 Date: 1/11/99 Daytime Phone #: 385-0757

CR2E037 (1/198)