

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 20 PM 2:22

DOCUMENT # 704595 (8)

1. Corporation Name
THE ABIDING SAVIOR LUTHERAN CHURCH OF WINTER HAVEN, INC.

Principal Place of Business Mailing Address
1910 HAVENDALE BLVD.
WINTER HAVEN FL 33881 1910 HAVENDALE BLVD.
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
10/01/1962 03/24/1994
4. FEI Number Applied For
59-6607009 Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ANDERSEN, ORVILLE M REV
1900 13TH ST., NW
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent
81 Name FORD, ALAN REV
82 Street Address (P.O. Box Number is Not Acceptable) 1910 HAVENDALE BLVD
83
84 City WINTER HAVEN FL 85 Zip Code 33881

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 607.1505, Florida Statutes.

SIGNATURE *Rev. Orville M. Andersen* *Rev. Alan Ford, Pastor*
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDERSEN, ORVILLE M REV
STREET ADDRESS	1900 13TH ST., NW
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	TD
NAME	ZOLLINGER, WILFRED H
STREET ADDRESS	4178 ROLLING OAKS DR.
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	SFD
NAME	BUCHHOLZ, ROBERT E
STREET ADDRESS	722 27TH ST., NW
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANDBRINK IRVIN	
1.3 STREET ADDRESS	156 HOLIDAY LN	
1.4 CITY-ST-ZIP	AUSUMONLE FL 33823	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BUCHHOLZ, ROBERT E	
2.3 STREET ADDRESS	722 27TH ST NW	
2.4 CITY-ST-ZIP	WINTER HAVEN FL 33881	
3.1 TITLE	SFD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BAKER, LISA	
3.3 STREET ADDRESS	806 17TH TERRACE N.E.	
3.4 CITY-ST-ZIP	WINTER HAVEN FL 33881	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roberta E Buchholz James* 2/27/95 294-0053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #