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**Feb 27 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33881-1235

3. Date Incorporated or Qualified
10/01/1962

3a. Date of Last Report
03/05/1996

2. Principal Place of Business
21 **1910 Havendale Blvd.**

2a. Mailing Address
26 **1910 Havendale Blvd.**

4. FEI Number
59-6607009

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 **Winter Haven, FL**

28 **Winter Haven, FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip
24 **33881-1235**

Country
25 **Polk**

Zip
29 **33881-1235**

Country
30 **Polk**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORD, ALAN R
1910 HAVENDALE BLVD
WINTER HAVEN FL 33881**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **FORD, REV A**
STREET ADDRESS **830 HOWARD TERRACE NW**
CITY-ST-ZIP **WINTER HAVEN FL**

1.1 TITLE **President** Change Addition
1.2 NAME **Bobby R. Lunsford**
1.3 STREET ADDRESS **147 Juliana Blvd.**
1.4 CITY-ST-ZIP **Auburndale, FL 33823-9642**

TITLE **TD** DELETE
NAME **BUCHHOLZ, ROBERT E**
STREET ADDRESS **722 27TH STREET N.W.**
CITY-ST-ZIP **WINTER HAVEN FL**

2.1 TITLE **Vice President** Change Addition
2.2 NAME **James Barrett**
2.3 STREET ADDRESS **333 Lake Howard Dr SW #311-D**
2.4 CITY-ST-ZIP **Winter Haven, FL 33880-2570**

TITLE **SFD** DELETE
NAME **BAKER, LISA**
STREET ADDRESS **808 17TH TERRACE N.E.**
CITY-ST-ZIP **WINTER HAVEN FL**

3.1 TITLE **Treasurer** Change Addition
3.2 NAME **Rupert Bauer**
3.3 STREET ADDRESS **322 Laurel Oak Dr.**
3.4 CITY-ST-ZIP **Winter Haven, FL 33880-2570**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **Financial Secretary** Change Addition
4.2 NAME **Laverne Ford**
4.3 STREET ADDRESS **716 Ave. F SE**
4.4 CITY-ST-ZIP **Winter Haven, FL 33880-3757**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **Recording Secretary** Change Addition
5.2 NAME **Angela Seip**
5.3 STREET ADDRESS **218 Bolender Ct.**
5.4 CITY-ST-ZIP **Auburndale, FL 33823-2104**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Laverne Ford* **Laverne Ford 2/3/97 (941) 294-2829**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Phone # 904-650-1000

CFR2037 (9/96)