


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90069 047 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 704595**

1. Corporation Name

**THE ABIDING SAVIOR LUTHERAN CHURCH OF WINTER HAVEN, INC.**

Principal Place of Business

1910 HAVENDALE BLVD  
 WINTER HAVEN FL 33881-235  
 US

Mailing Address

1910 HAVENDALE BLVD  
 WINTER HAVEN FL 33881-235  
 US

290838-90046-32 8 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/01/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6607009	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
24	Zip	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

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			
				<b>FL</b>			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LUNSFORD, BOBBY R			1.2 NAME	William Baker, Jr.		
STREET ADDRESS	147 JULIANA BLVD			1.3 STREET ADDRESS	808 17th Terrace NE		
CITY-ST-ZIP	AUBURNDALE FL 42			1.4 CITY-ST-ZIP	Winter Haven, FL 33881		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KING, DORIS J			2.2 NAME	Harry Hazelwood		
STREET ADDRESS	4908 ROSEWOOD ST			2.3 STREET ADDRESS	901 Wards Landing		
CITY-ST-ZIP	WINTER HAVEN FL 33880			2.4 CITY-ST-ZIP	Winter Haven, FL 33880		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAUER, RUPERT			3.2 NAME			
STREET ADDRESS	322 LAUREL OAK DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 70			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORD, LAVERNE			4.2 NAME			
STREET ADDRESS	716 AVE F SE			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 57			4.4 CITY-ST-ZIP			
TITLE	RS	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, ALICE S			5.2 NAME			
STREET ADDRESS	291 LIVE OAK KABE			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33880			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 817, 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: RUPERT BAUER, TREAS 1/28/99 741-294-2829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)