FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710831

1. Corporation Name

SAINT MARK EVANGELICAL LUTHERAN CHURCH, DENEDIN, FLORIDA, INC.

Principal Place of Business	
1120 CURLEW ROAD	
DUNEDIN FL 34698	

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

1120 CURLEW ROAD DUNEDIN FL 34698

2a. Mailing Address

Suite, Apt. #, etc.

US

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FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90025 036 ****61.25

3. Date Incorporated or Qualifed

05/03/1966

59-1259459

4. FEI Number

City & State	•	City & State			5. Certifcate of Status Desired	_ 3	8./5 Ad		
23		28					Fee Requ	ured	
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00 м	,	
24	25	29 30	<u> </u>		Trust Fund Contribution		Added to	Fees	
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New	Registered Age	nt		
			81	Name					
KERN. EU	GENE H PASTOR		82	Street Add	Iress (P.O. Box Number is Not Accept	able)			
200 WATERVIEW COURT			L						
SAFETY HARBOR FL 34695			83					Ţ	
			84	City		[8	5 Zip Co	de	
				*		FL			
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	e-named cor	poration submits this statement for the	purpose of cha	nging its re	egistered	
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 acceptable actions of, Section 617.0503, Florida Statutes.									
SIGNATURE	lican Il Wan	Fuarno H.	TTor	n Pac	tor	3/9/9	9	ł	
	Signature, types or printed name of registered agent a	nd title if applicable (NOTE: Rec		t signature requir	ed when reinstating)	DATE		0.151.40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF			Addition	
TITLE	PD	☐ DELETE	1.1 TITLE			_	Change	L Addition	
NAME	SWANSON, JOHN		1.2 NAME					1	
STREET ADDRESS	765 ROLLING HILLS DR		1.3 STREET	ADDRESS					
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-S	- ZIP		<u> </u>	1.41	CT 4 4 60 .	
TITLE	Τ	☐ DELETE	2.1 TITLE			<u>_</u>	Change	Addition	
NAME	SCHAEFFER, MATT		2.2 NAME						
STREET ADDRESS	137 GARLAND CIR		2.3 STREET	ADDRESS					
CITY+ST-ZIP	PALM HARBOR FL 34683		2. 4 CITY-S						
TITLE	SD	DELETE	3.1 TITLE	S		. ↑u	Change	Addition	
NAME	JOHNSON, SHARON		3.2 NAME	1	BARBARA WOODWOR	1 13			
STREET ADDRESS	2884 MONTROSE LANE		3.3 STREET		183 KARAN WAY	33763			
CITY-ST-ZIP	CLEARWATER FL 34621		3.4. CITY-S	T-ZIP C	CLEARWATER, FL				
TITLE	VD	DELETE	4.1 TITLE	Y	′D	120	-Change	☐ Addition	
NAME	FROELICH, JANICE		4. 2 NAME	7	RAYMOND NIZER				
STREET ADDRESS	314 RIDGE RD BOX 68		4.3 STREET	ADDRESS	343 SADDLE COUL	3.T	2		
CITY-ST-ZIP	OZONA FL 34660		4.4 CITY-S	r-ZIP	PALM HARBOR, FI	2400			
TITLE	D	☐ DELETE	5.1 TITLE] Change	☐ Addition	
NAME	KERN, EUGENE H PASTOR		5.2 NAME						
STREET ADDRESS	200 WATER VIEW COURT		5.3 STREET	ADDRESS					
CITY-ST-ZIP	SAFETY HARBOR FL 34695		5.4 CITY-S	r-ZiP					
TITLE		☐ DELETE	6.1 TITLE] Change	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS				į	
CITY-ST-ZIP			6.4 CITY-S	T-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 attack method in address, with all other like empowered.

SIGNATURE:

SUPPLIED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/9/99 727. 733 0474 Daytine Phone #

CR2E037 (11/98)

Applied For

Not Applicable