

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

3-15-95 15-2189 XC

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710936

(6)

1. Corporation Name

ST. JOHN LUTHERAN CHURCH, INC.

Principal Place of Business

Mailing Address

% WILMA I. HANEY
16660 SE 100TH COURT
SUMMERFIELD FL 32691

10165 S.E. 159TH ST.
SUMMERFIELD FL 34491
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1966

3a. Date of Last Report

03/08/1994

4. FBI Number

59-2037536

Applied For

Not Applicable

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANEY, WILMA I.
16660 SE 100TH COURT
SUMMERFIELD FL 32691

81 Name

PAULA PIERCE

82 Street Address (P.O. Box Number is Not Acceptable)

14301 S.E. 94th AVENUE

83

84 City

SUMMERFIELD

FL

85 Zip Code
34491

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 607.0505, Florida Statutes.

SIGNATURE

Paula Pierce

PAULA PIERCE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

HANEY, WILMA

STREET ADDRESS

16660 SE 100TH COURT

CITY- ST- ZIP

SUMMERFIELD, FL 00000

1.1 TITLE

D D

1.2 NAME

VIRGINIA EKEY

☒ Change ☐ Addition

1.3 STREET ADDRESS

9873 S.E. 179th PLACE

1.4 CITY- ST- ZIP

SUMMERFIELD, FL 34491

TITLE

SD

NAME

BLAKE, FRED

STREET ADDRESS

1618 E. SCHWARTZ BLVD.

CITY- ST- ZIP

LADY LAKE FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

TITLE

TD

NAME

PIERCE, PAULA

STREET ADDRESS

14301 SE 94TH ST

CITY- ST- ZIP

SUMMERFIELD FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

TITLE

D

NAME

GUILFOIL, JOE

STREET ADDRESS

15357 SE 105TH TERR

CITY- ST- ZIP

SUMMERFIELD FL

4.1 TITLE

D D

4.2 NAME

KEN SMITH

☒ Change ☐ Addition

4.3 STREET ADDRESS

531 SEVILLA PLACE

4.4 CITY- ST- ZIP

LADY LAKE, FL 32159

TITLE

VP

NAME

KRUEGER, HOWARD

STREET ADDRESS

17897 SE 105TH AVE

CITY- ST- ZIP

SUMMERFIELD FL

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

TITLE

D

NAME

RENNER, ROBERT

STREET ADDRESS

32 CHINCA DR.

CITY- ST- ZIP

SUMMERFIELD FL

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

TITLE

D

NAME

RENNER, ROBERT

STREET ADDRESS

32 CHINCA DR.

CITY- ST- ZIP

SUMMERFIELD FL

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 119.07(3)(k), 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:

PAULA PIERCE / Paula Pierce

3/10/95

245-6418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone