## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mytham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

711171

(9)

**FILED** Apr 15 1997 8:00am Secretary of State

| MARTIN LUTHER CHAPEL, INC.  |  |  |                 |                              |                      |   |   |                                |   |                 |  |
|---|--|--|-----------------|------------------------------|----------------------|---|---|--------------------------------|---|-----------------|--|
| Principal Plac  | e of Business                                      | Mailing Address                              | Mailing Address |                              |                      |   | 10041  1000  1100  1100  1104  1004                                     | )                              | YIF BIBII DIBII BIBIF BIBIF                   | i I <b>UI</b> 1 |  |
| 325 122 STRE<br>MARATHON F  |  | 325 122 STREET GULFSIDE<br>MARATHON FL 33050 |                 |                              |                      |   |   |                                |   |                 |  |
|   |  |  |                 |                              |                      |   | <ol> <li>Date Incorporated or Qualified<br/>07/12/1966</li> </ol>       |                                | te of Last Report<br>03/04/1996               |                 |  |
| 2. Principal P  | lace of Business                                   | 2a. Mailing Address 26                       | <del> </del>    |                              |                      |   | 4. FEI Number<br><b>51-0226408</b>                                      | Applied For Not Applicable     |   |                 |  |
| Sulte, Apt.   | #, etc.  | Suite, Apt. #, etc.                          |                 |                              |                      | 5. Certificate of Status Desired                          |   | \$8.75 Additional Fee Required | al  |                 |  |
| City & Stat   | ө  | City & State                                 |                 |                              |                      | 6. Election Campaign Financing<br>Trust Fund Contribution |   | \$5.00 May Be<br>Added to Fees |   |                 |  |
| Zip   | Country  | Zip  | ip Country      |                              |                      |   | 8. This corporation has liability for                                   |                                |   | 32,             |  |
| 24  | 25   | 29   |                 |                              | Florida Statutes Yes |   |   |                                |   |                 |  |
|   | 9. Name and Address of Currer                      | it Registered Agent                          |                 | 24                           |                      |   | 0. Name and Address of New Re   | gistered A                     | .gent   |                 |  |
| 1   |  |  |                 | 81                           | Name                 | 9   |   |                                |   | l               |  |
| WRIGHT, TOM 5701 OVERSEAS HWY   |  |  | :               | 82                           | Street               | t Address (P.O. Box Number is Not Acceptable)             |   |                                |   |                 |  |
| SUITE 17  |  |  |                 | 63                           | 13                   |   |   |                                |   |                 |  |
| MARATHON FL 33050   |  |  |                 | 84                           | City                 |   |   | FL                             | 85 Zip Code                                   |                 |  |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authored agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida |  |  |                 |                              | named<br>the corp    | d corporat  | ion submits this statement for the ps board of directors. I hereby acce |                                | changing its register<br>pintment as register | ered<br>red     |  |
| SIGNATURE   | in jamiliar with, and accept the bolig             | ations of, section 617,0005, Fi              | onua stat       | utes                         | ١.                   |   |   |                                |   |                 |  |
|   | Signature, typed or printed name of registered ago |  |                 | d Age                        | nt signature         | e required w  | ren reinstating)  | DATE                           |   |                 |  |
| 12.   |  | ND DIRECTORS 13.                             |                 |                              |                      |   | ADDITIONS/CHANGES TO OFFI   | DERS AND                       |   | C               |  |
| TITLE   | D  | ☐ DELETE                                     | <del></del>     |                              |                      |   |   |                                | Change Ad                                     | dition          |  |
| NAME  |  |  |                 | 1.2 NAME                     |                      | 1   |   |                                |   | 2               |  |
| STREET ADDRESS  | 751 98TH ST.                                       |  |                 |                              | STREET ADDRESS       |   |   |                                |   | ù               |  |
| CITY-ST-ZIP<br>TITLE  | MARATHON FL  |  |                 | 1.4 CHTY-ST-ZIP<br>2.1 TITLE |                      | <del> </del>  |   |                                | Change Ad                                     | Ď               |  |
| NAME  | D DILLEGE CITE                                     | <b>-</b> 1                                   |                 | 2.2 NAME                     |                      |   |   |                                |   | 1               |  |
| STREET ADDRESS  |  |  |                 | 2.3 STREET ADDRESS           |                      | -   |   |                                |   |                 |  |
| CITY-ST-ZIP   | MARATHON FL  |  |                 | 2.4 CITY-ST-ZIP              |                      | 1   |   |                                |   |                 |  |
| TITLE   | DS   |  |                 |                              |                      | DS  |   |                                | Change Add                                    | dition          |  |
| NAME  |  |  |                 |                              |                      |   | c Bodken  |                                |   |                 |  |
| STREET ADDRESS  | 2658 YELLOWTAIL DR                                 |  |                 | 3.3 STREET ADDRESS           |                      | R   | T 2 Box 419   | USH                            | Change Add                                    | اسعر            |  |
| CITY-ST-ZIP   | MARATHON FL  |  |                 | 3.4. CITY - ST - ZIP         |                      |   | grathon Fl 3.   | or 20st                        | ,   | 1               |  |
| TITLE   |  |  | 4 1 Ti          |                              |                      | าล  |   |                                | Change Ad                                     | dition          |  |
| NAME  | TROYER, MIKE                                       | ,  |                 | 4.2 NAME                     |                      |   | STEVE BRADS   | how                            |   |                 |  |
| STREET ADDRESS  | 952 W. 105TH ST.                                   |  | 4.3 ST          | 4.3 STREET ADDRESS           |                      |   | PA BOX 5/0052   | (281                           | 3WST)   |                 |  |
| CITY-ST-ZIP   |  |  | 4.4 CI          | 4.4 CITY - \$1 - ZIP         |                      |   | STEVE BRADS<br>POBOX 510052<br>Key Colony                               | Bch                            | F1 33 a                                       | 12              |  |
| TITLE   | TD   | D DELETE 5.1                                 |                 | TLE                          | _                    |   | - /   | <b>4</b> 1-                    | Change Adv                                    | dition          |  |
| NAME  | HARING, RITA                                       |  | 5.2 NJ          |                              |                      |   |   |                                |   |                 |  |
| STREET ADDRESS  |  |  |                 | TREET                        | address              |   |   |                                |   |                 |  |
| CITY+ST-ZIP   | 111.7.2.2.1.1.2.2                                  |  |                 |                              | T - <b>Z</b> IP      | <b></b>   | ···   |                                |   |                 |  |
| TITLE   |  | • L_ DELETE                                  | 611)            |                              |                      | 1   |   |                                | ☐ Change ☐ Add                                | dition          |  |
| NAME  |  |  | 6.2 N/          |                              |                      |   |   |                                |   |                 |  |
| STREET ADDRESS  |  |  |                 |                              | ADDRESS              | j   |   |                                |   |                 |  |
| CITY-ST-ZiP   |  |  | 6.4 CI          | 1Y - S1                      | r- ZIP               | 1   |   | <del></del>                    |   |                 |  |

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this amount opport 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 Flock 13 if changer, or on an attachment with an address.