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Feb 13 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 # 711832 (6)

1. Corporation Name

ST. LUKE'S EVANGELICAL LUTHERAN CHURCH, INC., OF SLAVIA, FLORIDA



Principal Place of Business

Mailing Address

132C  
2021 W. STATE ROAD 426  
OVIEDO FL 32765  
US

2021 W STATE ROAD 426  
1836 CLARIDGE CT  
OVIEDO FL 32765-9413  
US

3. Date Incorporated or Qualified  
11/23/1966

3a. Date of Last Report  
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2021 W. State Rd. 426

4. FEI Number  
59-1153406

Applied For  
Not Applicable

22 City & State

27 City & State  
Oviedo, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

32765

30 US

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YERGLER, JON C  
14556 GAINESBOROUGH DRIVE  
ORLANDO FL 32826

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 YERGLER, JON C  
STREET ADDRESS 14556 GAINESBOROUGH DRIVE  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME GAIL LENNON  
STREET ADDRESS 3733 GOLDENROD ROAD 122  
CITY-ST-ZIP WINTER PARK FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPD  DELETE  
NAME FAIR, N. BRUCE  
STREET ADDRESS 560 ESTATES PLACE  
CITY-ST-ZIP LONGWOOD FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME BRUMBACK, WESLEY W  
STREET ADDRESS 726 GLEN EAGLE DR  
CITY-ST-ZIP WINTER SPRINGS FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VPD  DELETE  
NAME KALEITA, JACK  
STREET ADDRESS 14613 GAINESBOROUGH DRIVE  
CITY-ST-ZIP ORLANDO FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
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 for 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Kaleita, Vice President

1-20-97

407-322-7534

CR2E037 (9/96)