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

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(6)

## ST THEFTS EVANGELICAL HITHERAN CHILDCH INC.

SLAVIA, FLORIDA					
Principal Plac	e of Business	Mailing Address		T EDBITS FOODS TIEDT TINDS TOLDS TITTO THE	i Bydni giðir Biðir Biðir ðiðir Diðir þjór
132C- 2021 W. STATE OVIEDO FL 321	E ROAD 426 765	2021 W STATE ROAD 42 OVIEDO FL 32765 US	6	3. Date incorporated or Qualified 11/23/1966	
US				4. FEI Number	Applied For
2. Principal P	lace of Business	2a. Mailing Address		59-1153406	Not Applicable  \$8.75 Additional
21		26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State	Α	City & State			Added to Fees
23	•	28		7. Is this nonprofit corporation a hom	reowners association? Yes   No
Zip	Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible
24	26	29	30	Personal Property Tax due June 3	
	9. Name and Address of Co	irrent Hegistered Agent	81 Name	10. Name and Address of New Regi	stered Agent
VEDOLE	n ión ó			Donald O'Dell	
YERGLER, JON C /14556 GAINESBOROUGH DRIVE			82 Street	Address (P.O. Box Number is Not Acceptable	n)
ORLANDO FL 32828			83	700 01 0 101 7	
7			84 City	708 River Boat Circle	es 7in Code
<u>'</u>				Orlando	FL   85   32828-9102
11. Pursuant office or r	to the provisions of Sections 617 egistered agent, or beith in the S	.0502 and 617.1508, Florida Statu State of Elonida. Such change was	ites, the above-named authorized by the cor	corporation submits this statement for the pur poration's board of directors. I hereby accept	pose of changing its registered the appointment as registered
I	m familiar with, and door the c	obligations of Appetion 117.0503, F	lorida Statutes.	01/07	/00
SIGNATURE .	Signature, typed or printed home if registers	od agent and tille if applicable. (NC	TE: Registered Agent signature	01/07/ e required when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PD	<b>₩</b> DELETE	1.1 TITLE	PD	Change 🔀 Addition
NAME	YERGLER, JON C	DOI 15	1.2 NAME	Donald O'Dell	
STREET ADDRESS	14556 GAINESBOROUGH ORLANDO FL	DRIVE	1.3 STREET ADDRESS	708 River Boat Circle Orlando FL 32828-9102	
CITY-ST-ZIP TITLE	SD SD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Orlando FL 32828-9102	X Change Addition
NAME	GAIL LENNON	_	2.2 NAME	Gail Fink	
STREET APORESS	3733 GOLDENROD ROAD	122	2.3 STREET ADDRESS	2823 Sean Ridge Road	
CITY-ST-20P	WINTER PARK FL		2. 4 CITY-ST-ZIP	Orlando FL 32825	Discours District
			0.0 444.45		Change Addition
STREET ADDRESS	726 GLEN EAGLE DR		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	· C	3.4. CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		Change Addition
NAME	Kaleita, Jack		4. 2 NAME		
STREET ADDRESS	14613 GAINESBOROUGH	DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME		_ occare	5.1 TITLE 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	i e	

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 changes or on an attackment with pan address.

 $0.0014 \cdot 0.0011$  President  $0.07/98 \cdot (407) \cdot 365 - 3408$ 

**FILED** 

Feb 10 1998 8:00am

Secretary of State