

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 712478 (7)

1. Corporation Name
HOLY CROSS EVANGELICAL LUTHERAN CHURCH, INC.



Principal Place of Business: 724 BIG TREE ROAD SOUTH DAYTONA FL 32119
Mailing Address: 724 BIG TREE ROAD SOUTH DAYTONA FL 32119

3. Date Incorporated or Qualified: 03/27/1967
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: 23-7039715
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**KOCH, ALAN R.
162 BRYAN CAVE RD
S. DAYTONA FL 32119**

10. Name and Address of New Registered Agent
81 Name: SCHILLINGER, DAVID, R
82 Street Address: 216 N. SHADDOX BAY DR
83 City: ORLINDO, FL. 32825
84 City: ORLINDO, FL. 32825
85 Zip Code: FL

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: *Rev. David R. Schillinger* DATE: 4-4-96

12. OFFICERS AND DIRECTORS	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: FENGLER, HERMAN	
STREET ADDRESS: 2332 KENILWORTH AVE	
CITY-ST-ZIP: S. DAYTONA FL	
TITLE: VP	<input checked="" type="checkbox"/> DELETE
NAME: BARLOW, JAMES	
STREET ADDRESS: 1256 ROBIN DRIVE	
CITY-ST-ZIP: PORT ORANGE FL	
TITLE: T	<input checked="" type="checkbox"/> DELETE
NAME: SCHULZ, BETTY	
STREET ADDRESS: 37 MAGNOLIA AVENUE	
CITY-ST-ZIP: ORMOND BEACH FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: SCHAAF, RUTH	
STREET ADDRESS: 252 YORKTOWNE	
CITY-ST-ZIP: DAYTONA BCH. FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: TRAUTMAN, HARRY	
STREET ADDRESS: 5357 LANDIS AVE	
CITY-ST-ZIP: PORT ORANGE FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: MOORE, RICHARD	
STREET ADDRESS: 3498 WINCHESTER DRIVE	
CITY-ST-ZIP: PORT ORANGE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Weidner, Vernon	
1.3 STREET ADDRESS: 2350 Kenilworth	
1.4 CITY-ST-ZIP: S. Daytona, FL 32119	
2.1 TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Harding, Stanley	
2.3 STREET ADDRESS: 2880 Sunset DR.	
2.4 CITY-ST-ZIP: New Smyrna Bch., FL 32168	
3.1 TITLE: T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Jagde, Charles	
3.3 STREET ADDRESS: 53 Maple in the Wood	
3.4 CITY-ST-ZIP: Daytona Beach, FL 32119	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: Hill, William	
6.3 STREET ADDRESS: 419-A Banana Cay Dr.	
6.4 CITY-ST-ZIP: S. Daytona, FL 32119	

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: *William H. Hill* DATE: 4/4/96 (904) 788-8370

CR2E037 (12/95)