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Apr 18 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 # 712478 (7)
1. Corporation Name
HOLY CROSS EVANGELICAL LUTHERAN CHURCH, INC.



Principal Place of Business Mailing Address
724 BIG TREE ROAD SOUTH DAYTONA FL 32119
724 BIG TREE ROAD SOUTH DAYTONA FL 32119-2754

3. Date Incorporated or Qualified 03/27/1967
3a. Date of Last Report 04/15/1996
4. FEI Number 23-7039715
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SCHILLIAGER, DAVID R.
216 NORTH SHADOW BAY DRIVE
ORLANDO FL 32825

10. Name and Address of New Registered Agent
81 Name SCHILLIAGER, DAVID R.
82 Street Address (P.O. Box Number is Not Acceptable) 14 KELLY BEA
83
84 City PONCE INLET FL 85 Zip Code 32127

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 617.0501, Florida Statutes.
SIGNATURE: DAVID R. SCHILLIAGER 3-27-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE P WEIDNER, VERNON
NAME 2350 KENILWORTH
STREET ADDRESS SOUTH DAYTONA FL
CITY-ST-ZIP
TITLE VP HARDING, STANLEY
NAME 2880 SUNSET DRIVE
STREET ADDRESS NEW SMYRNA BEACH FL
CITY-ST-ZIP
TITLE T JAGDE, CHARLES
NAME 53 MAPLE IN THE WOODS
STREET ADDRESS DAYTONA BEACH FL
CITY-ST-ZIP
TITLE D SCHAAF, RUTH
NAME 252 YORKTOWNE
STREET ADDRESS DAYTONA BCH. FL
CITY-ST-ZIP
TITLE D TRAUTMAN, HARRY
NAME 5357 LANDIS AVE
STREET ADDRESS PORT ORANGE FL
CITY-ST-ZIP
TITLE D HILL, WILLIAM
NAME 419-A BANANA CAY DRIVE
STREET ADDRESS SOUTH DAYTONA FL
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE WEIDNER, VERNON
1.2 NAME 2350 KENILWORTH
1.3 STREET ADDRESS SOUTH DAYTONA FL
1.4 CITY-ST-ZIP
2.1 TITLE VP HARDING, STANLEY
2.2 NAME 2880 SUNSET DRIVE
2.3 STREET ADDRESS NEW SMYRNA BEACH FL
2.4 CITY-ST-ZIP
3.1 TITLE T-JAGDE, CHARLES
3.2 NAME 53 MAPLE IN THE WOODS
3.3 STREET ADDRESS DAYTONA BEACH FL
3.4 CITY-ST-ZIP
4.1 TITLE S-LASHBROOK, MARILYN
4.2 NAME 2213 PRIMAVERA
4.3 STREET ADDRESS DAYTONA BEACH FL
4.4 CITY-ST-ZIP
5.1 TITLE PS-D KOHLMAYER, WILLIAM
5.2 NAME 514 S GREENWAY DRIVE
5.3 STREET ADDRESS PORT ORANGE FL
5.4 CITY-ST-ZIP
6.1 TITLE
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)(l), 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: CHARLES JAGDE 3-24-97 904-767-6542
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)