NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712478

1. Corporation Name

HOLY CROSS EVANGELICAL LUTHERAN CHURCH, INC.

Country

Principal Place of Business

Mailing Address

26

27

28

Zip

724 BIG:TREE ROAD SOUTH DAYTONA FL 32119

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

724 BIG TREE ROAD SOUTH DAYTONA FL 32119

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90076 002 ****61.25

412973 - 90076 - 2

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

03/27/1967

23-7039715

4. FEI Number

24	25	29	30			Trust Fund Contribution	Added to	Fees	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
			-	81	Name			İ	
SCHILLIA	GER, DAVID R.		· · ·	82	Street Ar	Idress (P.O. Box Number is Not Acceptal	ole)		
14 KELLY BEA				1	Gueetho	Total Control of Total Control			
PONCE INLET FL 32127				83					
TOTOL II			4, 14	84			85 Zip Co	nde -	
		- 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1		-	City		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 Skonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.		RS AND DIRECTORS		13.	orgenature red	ADDITIONS/CHANGES TO OFF		S IN 12	
TITLE	PD			1.1 TITLE	P	PRESIDENT	☐ Change	Addition	
NAME	WATKINS, DOC		I	2 NAME	'		DON JURAS	1	
	4141 S ATLANTIC #408		1	.3 STREET	ADDRESS		37 LAREDO DE	- [
STREET ADDRESS	NEW SMYRNA BEACH FL	22160	1	A CITY-ST		PORT ORANGE, FL	_	1	
CITY-ST-ZIP TITLE	VPD		<u> </u>	2.1 TITLE	1	VILE PRESIDENT	☐ Change	Addition	
NAME	WATTS, JOHN		· · · · · · · · · · · · · · · · · · ·	2.2 NAME		T .	E WINZENS	}	
STREET ADDRESS			2	2.3 STREET	ADDRESS .		· 141 WESTGATE	-DA	
CITY-ST-ZIP	PORT ORANGE FL 32127		1	2.4 CITY-S	r-ZIP	PORT ORANGE FL	32119		
TITLE	TD		ELETE 3	3.1 TITLE	7	TREASURER	☐ Change	- Addition	
NAMÉ	GUNSALLUS, RICHARD D		3	3.2 NAME		DAVID ALEXANDE	た	ĺ	
STREET ADDRESS			3	3.3 STREET	ADDRESS	910 LEMON RD.	•	1	
CITY-ST-ZIP	SO DAYTONA FL 32119			3.4. CITY-S	-ZIP	SOUTH DAYTONA, F	C 32/19		
TITLE	SD		ELETE 4	L1 TITLE	5	SECRETARY	Change	Addition i	
NAME	KOHLMEYER, FLORENCE		4	. 2 NAME		KIM MCCOLL	•	1	
STREET ADDRESS	514 S GREENWAY DR			1.3 STREET	ADDRESS	869 PINEAPPLE X	. 45		
CITY-ST-ZIP	PORT ORANGE FL 32127			1.4 CITY-ST	-ZIP	SOUTH DAYTONA, F	1.32119		
TITLE	FSD			5.1 TITLE			☐ Change	□ #ddition	
NAME	KOHLMEYER, WILLIAM	•		5.2 NAME				1	
STREET ADDRESS	514 S GREENWAY DR.			5.3 STREET	ADDRESS			1	
CITY-ST-ZIP	PORT ORANGE FL			5.4 CITY-ST	-ZIP				
TITLE			,	3.1 TITLE			Change	☐ Addition	
NAME			6	3.2 NAME				1	
STREET ADDRESS	6		E	3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4 CITY- ST			F 10	<u> </u>	
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									

Country

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 informatio 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, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1999 904-732-4994 Date Daytime Phone # CKZEU3/ (11/98)