

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 725822 (1)**

1. Corporation Name

**LUTHERAN MINISTRY IN CHRIST, CORAL SPRINGS, BROW  
ARD COUNTY, FLORIDA, INC.**

Principal Place of Business

Mailing Address

NGS BROWARD COUNTY FLORIDA INC.  
10021 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065NGS BROWARD COUNTY FLORIDA INC.  
10021 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065-3935

3. Date Incorporated or Qualified

03/16/1973

3a. Date of Last Report

03/08/1996

4. FEI Number

59-1381047

Applied For

Not Applicable

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKS, RUSSELL A  
3100 NW 108 DR  
CORAL SPRINGS FL 33065**

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 **S** ☒ DELETE  
NAME **REEVER, JOHN M**  
STREET ADDRESS **9402 NW 74TH PL.**  
CITY-ST-ZIP **TAMARAC FL 33321**1.1 TITLE **PT** ☒ Change ☐ Addition  
1.2 NAME **KOHL, SHARON**  
1.3 STREET ADDRESS **3800 NW 108 DR.**  
1.4 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**TITLE **T** ☒ DELETE  
NAME **VIGEN, BERT E**  
STREET ADDRESS **819 NW 98TH AVE**  
CITY-ST-ZIP **PLANTATION FL 33324**2.1 TITLE **VT** ☐ Change ☒ Addition  
2.2 NAME **RETTIG, PAUL**  
2.3 STREET ADDRESS **6140 NW 60 AVE**  
2.4 CITY-ST-ZIP **PANAMA, FL 33067**TITLE **PT** ☒ DELETE  
NAME **FITCH, G.W.**  
STREET ADDRESS **5383 NW 58 TERR**  
CITY-ST-ZIP **CORAL SPRINGS FL 33067**3.1 TITLE **S** ☐ Change ☒ Addition  
3.2 NAME **TERHARIC, SANDRA**  
3.3 STREET ADDRESS **9101 W SAMPLE RD #206**  
3.4 CITY-ST-ZIP **CORAL SPRINGS FL 33065**TITLE **VT** ☐ DELETE  
NAME **KOHL, SHARON**  
STREET ADDRESS **3800 NW 108 DR.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**4.1 TITLE **T** ☐ Change ☒ Addition  
4.2 NAME **MCGINNIS, JULIE**  
4.3 STREET ADDRESS **4425 NW 113 WAY**  
4.4 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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: **Sharon Kohl (SHARON KOHL)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

Date

954-345-6061

Daytime Phone # 0022183

CR2E037 (9/96)