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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 731712 (6)

1. Corporation Name

LATVIAN EV.-LUTHERAN CONGREGATION OF ST. PETERSB URG AND VICINITY, INC.

Principal Place of Business	Mailing Address
14 FRIENDSHIP CT SAFETY HARBOR FL 34695	14 FRIENDSHIP CT SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified: 01/16/1975

3a. Date of Last Report: 03/09/1995

2. Principal Place of Business	2a. Mailing Address
21 3337 BRIAN RD N.	26 3337 BRIAN RD N
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM HARBOR, FL	28 City & State: PALM HARBOR, FL
24 Zip: 34685 25 Country: U.S.A.	29 Zip: 34685 30 Country: U.S.A.

4. FEI Number: 59-2161136 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SALINS, LUDIS A 14 FRIENDSHIP CT SAFETY HARBOR 34695	81 Name: AUSMA MACKUS 82 Street Address (P.O. Box Number is Not Acceptable): 3337 BRIAN RD. N. 83 84 City: PALM HARBOR FL 85 Zip Code: 34685

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: Ausma Mackus AUSMA MACKUS, PD 3-10-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAUMANIS, ERIKA 11400-4TH ST N #506 ST PETERSBURG FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD MACKUS, AUSMA V. 3337 BRIAN RD. N. PALM HARBOR, FL 34685	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SALINS, LUDIS A 14 FRIENDSHIP CT SAFETY HARBOR FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MACKUS, AUSMA 3337 BRIAN RD N PALM HARBOR FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VILEMSONS, AIVARS 2263 ASBURY DR CLEARWATER FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Ausma Mackus 3-10-96 813-789-1228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #