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**Mar 23, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734105**

1. Corporation Name

**UNIVERSITY EVANGELICAL LUTHERAN CHURCH, INCORPORATED**

Principal Place of Business

1826 WEST UNIVERSITY AVENUE  
 GAINESVILLE FL 32603

Mailing Address

1826 WEST UNIVERSITY AVENUE  
 GAINESVILLE FL 32603



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/20/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-1091078

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAARELA, JACK A (REV)  
 6002 N.W. 35 PL.  
 GAINESVILLE FL 32606

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  DELETE  
 NAME SAARELA, JACK A (REV)  
 STREET ADDRESS 6002 N.W. 35 PL  
 CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME V.D.  
 ELMER W SCHIRMER  
 STREET ADDRESS 214 TURKEY CREEK  
 CITY-ST-ZIP ALACHUA FL

2.1 TITLE  Change  Addition  
 2.2 NAME Cary Evans  
 2.3 STREET ADDRESS 4400 SW 20 Ave Lot 182  
 2.4 CITY-ST-ZIP Gainesville FL 32607

TITLE  DELETE  
 NAME P.D.  
 FUGMANN, RUTH  
 STREET ADDRESS 1137 NW 107TH TERR  
 CITY-ST-ZIP GAINESVILLE FL 32608

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME S.D.  
 BRANDNER, EUGENE  
 STREET ADDRESS 927 NW 36TH RD  
 CITY-ST-ZIP GAINESVILLE FL 32609

4.1 TITLE  Change  Addition  
 4.2 NAME T.D.  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME T.D.  
 ANDRAS Komaromy  
 STREET ADDRESS 5508 SW 190 ST  
 CITY-ST-ZIP Archer, FL 32618

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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 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:

**SIGNATURE REQUIRED** JACK A. Saarela 352-373-6945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)