FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

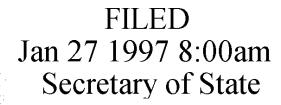
Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

1. Corporation Name

757799 (2)

ST. PAUL EVANGELICAL LUTHERAN CHURCH OF BOCA RAT





ON, FLORIDA, INC.									
Principal Place of Business Mailing Address								JAOH OFBFI B	ABAN BABAN 18881
		701 WEST PALMETTO PAR BOCA RATON FL 33486-35	: · - · - · · · · · · · · · · ·						
						3. Date incorporated or Qualified 04/30/1981	3a. Date	of Last R 9/30/19	leport 1 96
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	L.,	A	pplied For
21		26				59-1231929			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country Zip		Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25					Florida Statutes Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Reg	istered Ag	ent	
					Name				
BROWN, AUGUST				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
701 W. PALMETTO PARK RD BOCA RATON FL 33486				83					
				84	City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.050	2 and 7,1509 Florida Statul	es. the a	bove	-named corp	oration submits this statement for the p		hanging i	its registered
office or re agent. I as	egislered agent or both, in the State m familiar with, and accept the obliga	of Florida. Such change was appropriate of, Section 17.0502, 11	authorize orida Sta	d by tutes	the corporati	oration submis this slatement for the p ion's board of directors. I hereby accep	t the appoi	ntment as	registered
SIGNATURE						78757			
		1 <i>Y</i>		d Age	nt signature requir	ed when rejustating)	DATE	VIDEOTO	00 111 40
12.	OFFICERS ANI	D DELETE	13.	Ti C		ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	FUERSTENAU, ROBERT						L	"I curaina	- Manifoli
NAME	800 SW 12TH AVE			1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	BOCA RATON FL 33486		- 1		- 1)
City-St-ZiP Title	S	DELETE	2.1 T	ITY-S	1-217			Change	Addition
NAME	FUERSTENAU, NANCY	vice.e	2.2 N					, Change	
STREET ADDRESS	800 SW 12TH AVE				ADDRESS				
CITY - ST - ZIP	BOCA RATON FL 33486			CITY-S	1				
TITLE	AED	DELETE	3.1 7					Change	Addition
NAME	DOVER, JOHN		3.2 N				_		
STREET ADDRESS	2632 NW 29TH AVE				ADDRESS				
CITY - ST - ZIP	BOCA RATON FL 33434		34.0	OITY-S	37-7IP				
TITLE	Ī	DELETE	4.1 T					Change	☐ Addition
NAME	ZOOK, MORGAN J		4.21	NAME					
STREET ADDRESS	243 NW 9TH TERRACE				ADDRESS				
CITY-S1-ZIP	BOCA RATON FL 33486		4.4 0	HY-S	T-ZIP				
TITLE	AED	☐ DELETE	51T	ITLE				Change	Addition
NAME	ANDERSON, CHARLES		5.2 N	IAME					
STREET ADDRESS	708 NW 7TH ST		5.3 S	TREET	address				
CITY-ST-ZIP	BOCA RATON FL 33486		5.40	HTY-S	T-ZIP				
TITLE	AED	DELETE	6.1 T	ITLE			Ţ	Change	Addition
NAME	BARBIERI, CLYDE		6.2 N	IAME				•	
STREET ADDRESS	963 LAKE WYMAN RD		6.3 S	TREET	ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33431	6.6		1 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.