

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764709 (2)

1. Corporation Name

ST. PAUL EVANGELICAL LUTHERAN CHURCH OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

4600 N 9TH AVE
PENSACOLA FL 32503-2444
US

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PENSACOLA FL 32503-2444
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/25/1982** 3a. Date of Last Report **02/03/1994**

4. FEI Number **59-0371049** Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
22. City & State	27. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
23. Zip	28. Zip	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No
24. Country	29. Country	
25. Zip	30. Zip	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLEMING, JOHANNE
3244 CORAL STRIP PKWY
GULF BREEZE FL 32561**

81. Name **GEE, DAN**
82. Street Address (P.O. Box Number is Not Acceptable) **2530 CELTIC CIRCLE**
83. **PENSACOLA, FL 32503**
84. City **PENSACOLA** FL 85. Zip Code **32503**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/15/95
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP ☒ Change ☐ Addition
NAME	FLEMING, JOHANNE	1.2 NAME	GEE, DAN
STREET ADDRESS	3244 CORAL STRIP PKWY	1.3 STREET ADDRESS	2530 CELTIC CIRCLE
CITY - ST - ZIP	GULF BREEZE FL	1.4 CITY - ST - ZIP	PENSACOLA, FL 32503
TITLE	DV	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	SUEFLOW, JERRY	2.2 NAME	SHARP, STEVEN
STREET ADDRESS	612 BAY CLIFF RD	2.3 STREET ADDRESS	5780 ADELYN ROAD
CITY - ST - ZIP	GULF BREEZE FL	2.4 CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	T	3.1 TITLE	T ☐ Change ☐ Addition
NAME	TOWNSEN, EVELYN	3.2 NAME	TOWNSEN, EVELYN (Same)
STREET ADDRESS	5530 BRADLEY ST	3.3 STREET ADDRESS	5530 BRADLEY ST
CITY - ST - ZIP	PENSACOLA FL	3.4 CITY - ST - ZIP	PENSACOLA, FL 32526
TITLE	S	4.1 TITLE	S ☒ Change ☐ Addition
NAME	EISENHART, JENNIFER	4.2 NAME	DAVIDSON, LAURI
STREET ADDRESS	5161 TEAKWOOD DR	4.3 STREET ADDRESS	3660 BUFORD CIRCLE
CITY - ST - ZIP	PENSACOLA FL	4.4 CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	GEE, DAN	5.2 NAME	BRANDT, SUSIE
STREET ADDRESS	2530 CELTIC CIRCLE	5.3 STREET ADDRESS	7689 HENDRIX AVENUE
CITY - ST - ZIP	PENSACOLA FL	5.4 CITY - ST - ZIP	PENSACOLA, FL 32514
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	SCHWICH, MILDRED	6.2 NAME	SEELMANN, WILLIAM SR.
STREET ADDRESS	4455 YARMOUTH PLACE	6.3 STREET ADDRESS	116 RED BREST LANE
CITY - ST - ZIP	PENSACOLA FL	6.4 CITY - ST - ZIP	PENSACOLA, FL 32503

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAN GEE

1/15/95
DATE