

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 767713 (1)
1. Corporation Name
MESSIAH LUTHERAN CHURCH, INC. (MISSOURI SYNOD)



| | | | |
|--|--------------------------------|--|---------------------|
| Principal Place of Business | | Mailing Address | |
| 14920 HUTCHINSON ROAD P.O. BOX 270907 TAMPA FL 33686 | | 14920 HUTCHINSON ROAD P.O. BOX 270907 TAMPA FL 33686 | |
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

3. Date Incorporated or Qualified
03/29/1983

4. FEI Number
59-2258240

| | |
|----------------|--|
| 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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

GUELZOW, JAMES R. (REV)
5513 RAVEN COURT
TAMPA FL 33625

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|------------------------|--|
| TITLE | PD HANTO, DON | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | 13716 CHESTERSALL DR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VPD MATHEWS, JOEL | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | 6204 PALMVIEW CT | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | SD SOWINSKI, SHELLEY | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | 2808 ORMANDY CT | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | T MEKELBURG, SHARON R. | <input checked="" type="checkbox"/> DELETE |
| STREET ADDRESS | 6606 REEF CIRCLE | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|------------------------|--|
| 1.1 TITLE | PD WINKLES, DAVID | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | 4713 BULLOCK COURT | |
| 1.3 STREET ADDRESS | TAMPA, FL 33625 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | VPD HOHL, TIMOTHY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | 4707 WINDFLOWER CIRCLE | |
| 2.3 STREET ADDRESS | TAMPA FL 33624 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | SD WILSON, CINDY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | 15814 HOUNDHORN LANE | |
| 3.3 STREET ADDRESS | TAMPA FL 33624 | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____ 2-1-98 (813)961-2182

CP2E037 (10/97)