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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06736**

1. Corporation Name

FOREST OAKS LUTHERAN CHURCH OF SPRING HILL, FLORIDA, INC.

Principal Place of Business	Mailing Address
8555 FOREST OAKS BLVD. SPRING HILL FL 34606	8555 FOREST OAKS BLVD. SPRING HILL FL 34606

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/25/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2383020 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KRUSE, ROBERT 5151 ALLIANCE AVE. SPRING HILL FL 34609	81 Name: Gene Blackburn 82 Street Address (P.O. Box Number is Not Acceptable): 13225 Jessica Dr. 83 84 City: Spring Hill FL 85 Zip Code: 34609

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: Gene Blackburn 3-17-99
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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	KRUSE, ROBERT		1.2 NAME	Gene Blackburn	
STREET ADDRESS	5151 ALLIANCE AVE		1.3 STREET ADDRESS	13225 Jessica Dr.	
CITY-ST-ZIP	SPRING HILL FL 34609		1.4 CITY-ST-ZIP	Spring Hill, Fl. 34609	
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHRIST, RON		2.2 NAME		
STREET ADDRESS	2188 SPRING MEADOW DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34606		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEELBACH, ROBERT		3.2 NAME		
STREET ADDRESS	8181 PHILATELIC DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	REUTER, HANK		4.2 NAME		
STREET ADDRESS	10107 LORETTO ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Robert Seelbach SIGNATURE REQUIRED — Robert Seelbach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99
Date

(352) 683-9731
Daytime Phone #