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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90029 037 ***150.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06736

1. Corporation Name

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

Principal Place of Business

8555 FOREST OAKS BLVD.
SPRING HILL FL 34606

Mailing Address

8555 FOREST OAKS BLVD.
SPRING HILL FL 34606

125155-90029.37 5



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		12/25/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2383020	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
26		30		31	

9. Name and Address of Current Registered Agent

KRUSE, ROBERT
5151 ALLIANCE AVE.
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name	Gene Blackburn
82 Street Address (P.O. Box Number is Not Acceptable)	13225 Jessica Dr.
83	
84 City	Spring Hill
85 Zip Code	FL 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



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

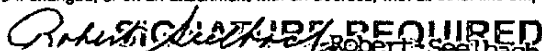
DATE

3-17-99

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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

Date

(352) 683-9731

Daytime Phone #

CR2E037 (11/98)