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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N11438** **(1)**

1. Corporation Name

BETHLEHEM LUTHERAN CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
C/O REV. JOHN R. BUCHHEIMER 1423 N. 8TH AVENUE JACKSONVILLE BEACH FL 32250	C/O REV. JOHN R. BUCHHEIMER 1423 N. 8TH AVENUE JACKSONVILLE BEACH FL 32250-3555

3. Date Incorporated or Qualified: 10/04/1985
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 23-7061413 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUCHHEIMER, REV. JOHN R.
1423 N. 8TH AVENUE
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	FROHWEIN, OTTO W.		1.2 NAME		
STREET ADDRESS	1747 OCEAN GROVE DR.		1.3 STREET ADDRESS	5126 OTTER CAY DR	
CITY-ST-ZIP	ATLANTIC BEACH FL 32211		1.4 CITY-ST-ZIP	PONTE VEDRA BCH FL 32082-3031	
TITLE	TD	☒ DELETE	2.1 TITLE	DS	☐ Change ☒ Addition
NAME	MAGYAR, RICHARD C.		2.2 NAME		
STREET ADDRESS	13343 CURRITUCK DR. NORTH		2.3 STREET ADDRESS	841 2ND STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32225		2.4 CITY-ST-ZIP	NEPTUNE BEACH, FL. 32266	
TITLE	D	☒ DELETE	3.1 TITLE	DT	☐ Change ☒ Addition
NAME	BALDWIN, HOWARD J.		3.2 NAME	LEE W. FISCHER	
STREET ADDRESS	3936 E. CEDAR ISLAND		3.3 STREET ADDRESS	3 SEA BASS LANE	
CITY-ST-ZIP	JACKSONVILLE BCH FL		3.4 CITY-ST-ZIP	PONTE VEDRA, FL. 32082	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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 (9/96)

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.

SIGNATURE: [signature] 4/23/97 904-354-3721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #