

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N47219** (3)

1. Corporation Name
EPIPHANY LUTHERAN CHURCH, INC.



Principal Place of Business: 1125 SEAFARER LN. WINTER SPRINGS FL 32708
Mailing Address: P.O. BOX 196125 WINTER SPRINGS FL 32708

3. Date Incorporated or Qualified: 02/06/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3030590
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

9. Name and Address of Current Registered Agent
**BRISKI, LARRY
754 SYBILWOOD CIRCLE
WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent
81 Name: **J. Steven Kyle**
82 Street Address (P.O. Box Number is Not Acceptable): **2591 Creekview Cir.**
83
84 City: **Oviedo** FL 85 Zip Code: **32765**

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: *J. Steven Kyle* **J. Steven Kyle Vice-President 2/4/96**
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	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISKI, LARRY	12 NAME	
STREET ADDRESS	754 SYBILWOOD CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	14 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICK, PENNY	22 NAME	J. Steven Kyle
STREET ADDRESS	837 LEOPARO DR.	23 STREET ADDRESS	2591 Creekview Cir
CITY-ST-ZIP	WINTER SPRINGS FL 32708	24 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	SD <input checked="" type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYNARD, ANDY	32 NAME	Barbara Martin
STREET ADDRESS	10322 TARABY COURT	33 STREET ADDRESS	1830 Goodrich Ave.
CITY-ST-ZIP	ORLANDO FL 32817	34 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	TD <input checked="" type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, SUSAN	42 NAME	John Jordahl
STREET ADDRESS	763 WINDWILLOW CIR	43 STREET ADDRESS	1640 Thornhill Cir.
CITY-ST-ZIP	WINTER SPRINGS FL 32708	44 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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: *J. Steven Kyle* **J. Steven Kyle Vice-President** 2/4/96
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)