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Jan 23 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 # 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 32719-6125



3. Date Incorporated or Qualified  
02/06/1992

3a. Date of Last Report  
02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number  
59-3030590

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

KYLE, J S  
2591 CREEKVIEW CIRCLE  
OVIEDO FL 32785

10. Name and Address of New Registered Agent

81 Name TERRI L SCHULER  
82 Street Address (P.O. Box Number is Not Acceptable)  
1448 CARRINGTON AVE.  
83  
84 City WINTER SPRINGS FL 85 Zip Code 32708

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BRISKI, LARRY	754 SYBILWOOD CIRCLE	WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/>
VD	KYLE, J S	2591 CREEKVIEW CIRCLE	OVIEDO FL	<input type="checkbox"/>
SD	MARTIN, BARBARA	1830 GOODRICH AVENUE	WINTER PARK FL	<input checked="" type="checkbox"/>
TD	JORDAHL, JOHN	1640 THORNHILL CIRCLE	OVIEDO FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	JANET ROBERTS	416 ABBEYWOOD LANE	CASSELBERRY, FL 32707	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	IRENE JOHNSON	1279 PUNTA GORDA CIR.	WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	TERRI L. SCHULER	1448 CARRINGTON AVE.	WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013357

CR2E037 (9/96)