

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**1125 SEAFARER LN.
WINTER SPRINGS FL 32708**

**P.O. BOX 196125
WINTER SPRINGS FL 32708**



3. Date Incorporated or Qualified

02/06/1992

4. FEI Number

59-3030590

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1498 TUSKAWILLA RD.

26 1498 TUSKAWILLA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 OVIEDO FL

28 OVIEDO FL

Zip

Country

Zip

Country

24 32765 25 USA

29 32765 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHULER, TERRI L
1448 CARRINGTON AVE
WINTER SPRINGS FL 32708**

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

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PD
ROBERTS, JANET**
STREET ADDRESS **416 ABBEYWOOD LN**
CITY-ST-ZIP **CASSELBERRY FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME **VD
KYLE, J S**
STREET ADDRESS **2591 CREEKVIEW CIRCLE**
CITY-ST-ZIP **OVIEDO FL**

2.2 NAME **VD
KAYE, RICHARD**
2.3 STREET ADDRESS **4024 W. MARYLAND PL.**
2.4 CITY-ST-ZIP **CASSELBERRY FL 32708**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **SD
JOHNSON, IRENE**
STREET ADDRESS **1279 PUNTA GORDA CIR**
CITY-ST-ZIP **WINTER SPRINGS FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **TD
SCHULER, TERRI L**
STREET ADDRESS **1448 CARRINGTON AVE**
CITY-ST-ZIP **WINTER SPRINGS FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE *TERRI L SCHULER* (TERRI L. SCHULER) 1/16/98 407-3653292

CR2E037 (10/97)