

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90007 012 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N47219**

1. Corporation Name  
**EPIPHANY LUTHERAN CHURCH, INC.**

Principal Place of Business  
 1498 TUSKAWILLA RD  
 OVIEDO FL 32765  
 US

Mailing Address  
 1498 TUSKAWILLA RD  
 OVIEDO FL 32765  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/06/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3030590</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

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 <b>DAVID M. WILLIAMS</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>152 PEREGRINE CT</b>		
				83			
				84	City <b>WINTER SPRINGS</b>	FL	85

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: *David M. Williams* DATE: **7/29/99**

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	1.1 TITLE	<del>PD</del> <b>PRESIDENT PP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JANET	1.2 NAME	<b>DAVID M. WILLIAMS</b>
STREET ADDRESS	416 ABBEYWOOD LN	1.3 STREET ADDRESS	<b>152 PEREGRINE CT</b>
CITY-ST-ZIP	CASSELBERRY FL	1.4 CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>
TITLE	VD	2.1 TITLE	<del>VD</del> <b>VICER-PRESIDENT VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAYE, RICHARD	2.2 NAME	<b>ROBERT SLAVIN</b>
STREET ADDRESS	4024 W MARYLAND PL	2.3 STREET ADDRESS	<b>1685 RIVEREDGE RD</b>
CITY-ST-ZIP	CASSELBERRY FL 32708	2.4 CITY-ST-ZIP	<b>OVIEDO, FL 32766</b>
TITLE	SD	3.1 TITLE	<del>SD</del> <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, IRENE	3.2 NAME	<b>SYLVIA NORTH</b>
STREET ADDRESS	1279 PUNTA GORDA CIR	3.3 STREET ADDRESS	<b>1038 LUNDY CT</b>
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32792</b>
TITLE	TD	4.1 TITLE	<del>TD</del> <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULER, TERRI L	4.2 NAME	<b>MARK LEHNER</b>
STREET ADDRESS	1448 CARRINGTON AVE	4.3 STREET ADDRESS	<b>2000 CHAPMAN OAKS DR</b>
CITY-ST-ZIP	WINTER SPRINGS FL	4.4 CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David M. Williams* **REQUIRED** - 7/29/99 Date 407-359-1298 Daytime Phone #

0001105

CR2E037 (5/99)