

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N51317 (8)

1. Corporation Name

CHRIST LUTHERAN CHURCH OF BROOKSVILLE, FLORIDA,
INC.

Principal Place of Business

475 NORTH AVE. WEST
BROOKSVILLE FL 34601

Mailing Address

475 NORTH AVE. WEST
BROOKSVILLE FL 34601



3. Date Incorporated or Qualified
10/16/1992

3a. Date of Last Report
03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7046292

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

10. Name and Address of New Registered Agent

MCKEE, TERRY
5501 ROBLE AVENUE
SPRING HILL FL 34608

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	PD	☒ DELETE
NAME	FREIER, JOHN	
STREET ADDRESS	15294 BLANFORD ST.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	VD	☐ DELETE
NAME	VELEBER, JOHN	
STREET ADDRESS	9325 SOUTHERN BELLE DR	
CITY-ST-ZIP	WEEKI WACHEE FL	
TITLE	TD	☐ DELETE
NAME	SCHMIDT, LLOYD	
STREET ADDRESS	900 N. BROAD ST., SUITE 4258	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	SD	☐ DELETE
NAME	BOYATT, DOROTHY	
STREET ADDRESS	7509 MISSION ST	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PD	☐ Change ☒ Addition
12 NAME	BOSSELMAN, GEORGE L.	
13 STREET ADDRESS	24226 WESTMINSTER COURT	
14 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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:

Dorothy V. Boyatt
DOROTHY V. BOYATT

January 22, 1996 352-596-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)