

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 # P15042 (5)

1. Corporation Name

**FLORIDA-BAHAMAS SYNOD OF THE EVANGELICAL LUTHERA
N CHURCH IN AMERICA, INC.**

Principal Place of Business

**3838 W CYPRESS STREET
TAMPA FL 33607-1897**

Mailing Address

**3838 W CYPRESS STREET
TAMPA FL 33607-1897**



3. Date Incorporated or Qualified
06/30/1987

3a. Date of Last Report
05/01/1995

4. FEI Number
36-3514266

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHIPPS, SUSAN R.
3838 W. CYPRESS STREET
TAMPA FL 33607**

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 filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **FRANZEN, REV LAVERN G**
STREET ADDRESS **3838 W CYPRESS STREET**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **TREXLER, REV WILLIAM B**
1.3 STREET ADDRESS **3838 W CYPRESS**
1.4 CITY-ST-ZIP **TAMPA, FL**

TITLE **D** ☐ DELETE
NAME **BANKS, JAMES C**
STREET ADDRESS **645 FOREST LAIR**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SINN, REV THOMAS F**
STREET ADDRESS **46 WILLOW ROAD**
CITY-ST-ZIP **TEQUESTA FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **YESSE, REV WILLIAM**
3.3 STREET ADDRESS **2500 S VOLUSIA AVE**
3.4 CITY-ST-ZIP **ORANGE CITY, FL**

TITLE **D** ☐ DELETE
NAME **PHIPPS, SUSAN R.**
STREET ADDRESS **3838 WEST CYPRESS**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

William B. Trexler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM B. TREXLER

1/21/96
Date

813.876.7660
Daytime Phone

CR2E037 (12/95)