FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DOCUMENT # 764234 (1)

1. Corporation Name

LUTHERAN MINISTRIES OF FLORIDA, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3507 FRONTAGE RD S350 TAMPA FL 33607 US	3507 FRONTAGE RD S350 TAMPA FL 33607 US

3. Date Incorporated or Qualified: 07/21/1982
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2198911 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EISSFELDT, RICHARD A.
3507 FRONTAGE RD
S350
TAMPA FL 33607

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	CD	1.1 TITLE		☐ Change ☒ Addition
NAME	BERNTHAL, AUGUST	1.2 NAME		
STREET ADDRESS	327 AVE C SE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	33880	
TITLE	VC	2.1 TITLE		☒ Change ☒ Addition
NAME	~~DUDE, JUDY~~	2.2 NAME	DUDA, JUDY	
STREET ADDRESS	1721 REBEL RUN	2.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	32765	
TITLE	SD	3.1 TITLE		☐ Change ☒ Addition
NAME	CARLSON, GAYLE	3.2 NAME		
STREET ADDRESS	100 S ASHLEY DR S1300	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	33602	
TITLE	~~VCD~~	4.1 TITLE		☐ Change ~~☒ Addition~~
NAME	~~DUDA, JUDY~~	4.2 NAME		
STREET ADDRESS	~~1721 REBEL RUN~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~OVIEDO FL~~	4.4 CITY-ST-ZIP	~~32765~~	
TITLE	TD	5.1 TITLE		☒ Change ☒ Addition
NAME	~~SPARLING, JEFFREY~~	5.2 NAME	SPARLING, JEFFERY	
STREET ADDRESS	100 N TAMPA ST S2200	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	33602	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

Please Delete

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)(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: _____ 2/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date

Telephone Number 240 3-17-95