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

APPROVED AND FILED

95 APR 21 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706096 (5)

1. Corporation Name

ST. PAUL LUTHERAN CHURCH OF TAMPA FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5103 CENTRAL AVENUE TAMPA FL 33603	5103 CENTRAL AVENUE TAMPA FL 33603

3. Date Incorporated or Qualified: 08/28/1963
3a. Date of Last Report: 04/18/1994

4. FEI Number: 59-0914077 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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

KRUGER, DAVID P
5107 CENTRAL AVENUE
TAMPA FL 33603

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 _____ DATE
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	P/D	☒ Change ☐ Addition
NAME	CORTESE, MARY	1.2 NAME	Mark Dummeldinger	
STREET ADDRESS	5107 N. BRANCH AVENUE	1.3 STREET ADDRESS	5603 N. Central Avenue	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	~~Tampa, FL 33604~~	
TITLE	T	2.1 TITLE	V/D	☐ Change ☒ Addition
NAME	THOMAS, GINGER	2.2 NAME	Ron Tillis	
STREET ADDRESS	5306 N CENTRAL AVE.	2.3 STREET ADDRESS	7303 N. Howard	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	~~Tampa, FL 33604~~	
TITLE	~~SD~~	3.1 TITLE	S/D Mary Cortese	☒ Change ☐ Addition
NAME	~~DELACH, ANN~~	3.2 NAME	5107 N. Branch Avenue	
STREET ADDRESS	~~5405 N SEMINOLE AVE.~~	3.3 STREET ADDRESS	Tampa, FL 33603	
CITY-ST-ZIP	~~TAMPA FL~~	3.4 CITY-ST-ZIP		
TITLE	~~D~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~BARCEBA, PETE~~	4.2 NAME		
STREET ADDRESS	~~6414 SAN LUIS ST.~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL~~	4.4 CITY-ST-ZIP		
TITLE	~~VD~~	5.1 TITLE		☐ Change ☐ Addition
NAME	DUMMELDINGER, MARK	5.2 NAME		
STREET ADDRESS	5603 NO CENTRAL AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Mark Dummeldinger 4/18/95 (813) 974-6778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0553178