

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 706096 (5)  
1. Corporation Name  
ST. PAUL LUTHERAN CHURCH OF TAMPA FLORIDA, INC.



Principal Place of Business Mailing Address  
5103 CENTRAL AVENUE 5103 CENTRAL AVENUE  
TAMPA FL 33603 TAMPA FL 33603-2215

3. Date Incorporated or Qualified 08/28/1963 3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address  
21 5103 N. Central Ave. 26 5103 N. Central Ave.

4. FEI Number 59-0914077 Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State City & State  
23 28

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

Zip Country Zip Country  
24 33603-2215 25 29 30

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

KRUGER, DAVID P  
5107 CENTRAL AVENUE  
TAMPA FL 33603

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
5107 N. Central Ave.  
83  
84 City FL 85 Zip Code 33603-2215

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 1997			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DELACH, ANN			1.2 NAME	Dannel R. Ballesteros		
STREET ADDRESS	5405 N SEMINOLE AVE			1.3 STREET ADDRESS	P.O. Box 290793	N/A	
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP	Tampa, FL 33687-0793		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TILLIS, RON			2.2 NAME	Glenn Williams		
STREET ADDRESS	7303 N. HOWARD			2.3 STREET ADDRESS	1111 N. Riverhills Dr.		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Tampa, FL 33617-4215	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD		
NAME	JETER, MARY			3.2 NAME	Gregory Lee Schweinsberg		
STREET ADDRESS	505 E GIDDENS AVE			3.3 STREET ADDRESS	15501 Bruce B. Downs #4411		
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP	Tampa, FL 33647	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS, GINGER			4.2 NAME			
STREET ADDRESS	5306 N CENTRAL AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP			
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 do 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 from an attachment with an address.

SIGNATURE

CR2E037 (9/96)