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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90153 008 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 729175**

1. Corporation Name

**ST. STEPHEN LUTHERAN CHURCH OF SOUTH SEMINOLE CO  
UNTY, FLORIDA, INC.**

Principal Place of Business

OLE COUNTY, FLORIDA, INC.  
2140 HIGHWAY 434  
LONGWOOD FL 32779

Mailing Address

OLE COUNTY, FLORIDA, INC.  
2140 HIGHWAY 434  
LONGWOOD FL 32779



2. Principal Place of Business

21 2140 W. State Road 434

Suite, Apt. #, etc.

22 City & State

23 Longwood, FL

24 Zip

32779-5007

Country

25 USA

2a. Mailing Address

26 2140 W. State Road 434

Suite, Apt. #, etc.

27 City & State

28 Longwood, FL

29 Zip

32779-5007

Country

30 USA

3. Date Incorporated or Qualified

03/26/1974

4. FEI Number

59-2033768

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

9. Name and Address of Current Registered Agent

WALICK, REV CHARLES A  
RT 434 WEST OF I-4  
LONGWOOD FL

10. Name and Address of New Registered Agent

81 Name

Wollner, Richard A.

82 Street Address (P.O. Box Number is Not Acceptable)

2917 W. State Road 434

83

Suite 151

84 City

Longwood

FL

85 Zip Code

32779

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

*Richard A. Wollner*

Richard A. Wollner, President/Director

3/1/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE

NAME **DIMARCO, MITCH**  
STREET ADDRESS **1166 WOODLAND TERRACE TRAIL**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **PD** ☐ DELETE

NAME **WOLLNER, RICK**  
STREET ADDRESS **1008 WOODALL DR**  
CITY-ST-ZIP **LONGWOOD FL 32714**

TITLE **TD** ☐ DELETE

NAME **STEWART, PAMELA V.**  
STREET ADDRESS **2282 SPRINGS LANDING**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☒ Addition

1.2 NAME **Hauck, Russ**  
1.3 STREET ADDRESS **823 Ebb Drive**  
1.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME **Wollner, Richard A.**

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard A. Wollner* SIGNATURE REQUIRED Richard A. Wollner

3/1/99

Date

407-869-0491

Daytime Phone #

CR2E037 (11/98)