

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90049 050 \*\*\*\*61.25

DOCUMENT # 769113

1. Corporation Name

SOUTHERN LUTHERAN ACADEMY ASSOCIATION, INC.

Principal Place of Business  
992 CHASE HAMMOCK ROAD  
MERRITT ISLAND FL 32953-7703  
US

Mailing Address  
992 CHASE HAMMOCK ROAD  
MERRITT ISLAND FL 32953-7703  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/27/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2351378

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24 Zip

25 Country

28 Zip

29 Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WICHMANN, LEON  
992 CHASE HAMMOCK RD.  
MERRITT ISLAND FL 32953

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 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 PD ☒ DELETE  
NAME POPE, JAMES F.  
STREET ADDRESS 3012 18TH AVE., WEST  
CITY-ST-ZIP BRADENTON FL

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME PD Krenke  
1.3 STREET ADDRESS Krenke, David  
1.4 CITY-ST-ZIP 18215 S. US Hwy 27  
LEESBURG, FL 34748-9064

TITLE SD ☐ DELETE  
NAME PANLOW, JAMES  
STREET ADDRESS 9727 SCEPTER AVE.  
CITY-ST-ZIP BROOKSVILLE FL 34613

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME UP  
2.3 STREET ADDRESS Goelzer, Dave  
2.4 CITY-ST-ZIP 11348 79th Ave. North  
Seminole, FL 34642

TITLE D ☒ DELETE  
NAME MUELLER, RICHARD  
STREET ADDRESS 1507 S.W. 32ND TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33914

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME WICHMANN, LEON  
STREET ADDRESS 992 CHASE HAMMOCK ROAD  
CITY-ST-ZIP MERRITT ISLAND FL 32953-7703

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

SIGNATURE: *Leon Wichmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/99  
Date

407-452-7738  
Daytime Phone #

CR2E037 (11/98)

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