

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700634 (9)

1. Corporation Name

NORTHDAL E VANGELICAL LUTHERAN CHURCH, INCORPORATED



Principal Place of Business

15709 MAPLEDALE BLVD.
TAMPA FL 33624
US

Mailing Address

15709 MAPLEDALE BLVD.
TAMPA FL 33624
US

3. Date Incorporated or Qualified
03/15/1960

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 15709 Mapledale Blvd

26 SAME

4. FEI Number

59-2379252

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

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

KRAUSS, ELMER J.
5215 W. LAUREL ST.
SUITE 200
TAMPA, FLORIDA EDF 33607

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 instituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PD
STREET ADDRESS THOMAS, BRYAN
CITY- ST- ZIP 15917 HAMPTON VILLAGE
TAMPA FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

TITLE ☐ DELETE
NAME VD
STREET ADDRESS KIM, JOHN S
CITY- ST- ZIP 6330 QUAIL RIDGE
TAMPA FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE ☐ DELETE
NAME SD
STREET ADDRESS ORRIE, ANDERSON
CITY- ST- ZIP 21805 OCEAN PINES DR.
LAND-O-LAKES FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

TITLE ☒ DELETE
NAME SD
STREET ADDRESS BUBLITZ, MATTHEW
CITY- ST- ZIP 4954 PENNSBURY DR
TAMPA FL

41 TITLE ☒ Change ☐ Addition
42 NAME SD
43 STREET ADDRESS Hartwig, David
44 CITY- ST- ZIP 12004 Middlebury Dr.
Tampa, FL 33626

TITLE ☐ DELETE
NAME TD
STREET ADDRESS KIM, JOHN J
CITY- ST- ZIP 135 SE 21 AVE
ST. PETERSBURG FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date

(813) 968-8682

Daytime Phone #

CR2E037 (12/95)