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Feb 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 700634 (9)

1. Corporation Name

NORTHDALE EVANGELICAL LUTHERAN CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

15709 MAPLEDALE BLVD.
TAMPA FL 33624
US

15709 MAPLEDALE BLVD.
TAMPA FL 33624-1243
US



3. Date Incorporated or Qualified
03/15/1960

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

DELETE

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

DELETE

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

DELETE

TITLE SD
NAME HARTWIG, DAVID
STREET ADDRESS 12004 MIDDLEBURY DR
CITY-ST-ZIP TAMPA FL

DELETE

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD
KUNL, GENE
4205 ARBORWOOD DR.
TAMPA, FL 33624

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

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

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/97

613-265-2874
Daytime Phone # 0048774

CR2E037 (9/96)