

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 701948 (2)
1. Corporation Name
CHRIST THE KING LUTHERAN CHURCH, INCORPORATED



Principal Place of Business
**1577 SUNSET STRIP N.W. 61ST AVENUE
FORT LAUDERDALE FL 33313**

Mailing Address
**1577 SUNSET STRIP N.W. 61ST AVENUE
FORT LAUDERDALE FL 33313**

| | | | | | | | |
|--------------------------------|--|-------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/25/1961 | | 3a. Date of Last Report 04/28/1995 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 59-0995239 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MILLER, REBECCA B. 6429 NW 25TH ST SUNRISE FL 33322 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 6429 NW 51st St. | | | |
| | | | | 83. Lauderhill, FL 33319 | | | |
| | | | | 84. City FL 85. Zip Code | | | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|----------------------|--|--|---|----------------------|--|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | STEVENS, ALEXANDER C | | | 1.2 NAME | Corey, Patricia | | |
| STREET ADDRESS | 680 AZALEA CT. | | | 1.3 STREET ADDRESS | 882 Camellia Ct. | | |
| CITY - ST - ZIP | PLANTATION FL | | | 1.4 CITY - ST - ZIP | Plantation, FL 33317 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | FONTAN, SUE | | | 2.2 NAME | Chapman, Gary | | |
| STREET ADDRESS | 11740 NW 40TH PLACE | | | 2.3 STREET ADDRESS | 6941 NW 7th St. | | |
| CITY - ST - ZIP | SUNRISE FL | | | 2.4 CITY - ST - ZIP | Plantation, FL 33317 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | DICK, CAROL | | | 3.2 NAME | Mauro, Lois | | |
| STREET ADDRESS | 4875 N.W 775TH WAY | | | 3.3 STREET ADDRESS | 8920 NW 25th St. | | |
| CITY - ST - ZIP | SUNRISE FL | | | 3.4 CITY - ST - ZIP | Sunrise, FL 33322 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 4.1 TITLE | PD | | |
| NAME | WALDRON, JOHN | | | 4.2 NAME | | | |
| STREET ADDRESS | 5351 NW 11TH ST. | | | 4.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | LAUDERHILL FL | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | HEADRICK, TOM | | | 5.2 NAME | Confare, Kate | | |
| STREET ADDRESS | 3948 NW 39TH AVE | | | 5.3 STREET ADDRESS | 3980 NW 116th Terr. | | |
| CITY - ST - ZIP | LAUDERDALE LAKES FL | | | 5.4 CITY - ST - ZIP | Sunrise, FL 33323 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 6.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DEAN, MICHAEL | | | 6.2 NAME | | | |
| STREET ADDRESS | 9280 NW 24TH CT | | | 6.3 STREET ADDRESS | | | |
| CITY - ST - ZIP | SUNRISE FL | | | 6.4 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

John Waldron

4-15-96

Date

434-0050

Daytime Phone #

President, Church Council

4/16/96

CR2E037 (12/95)