
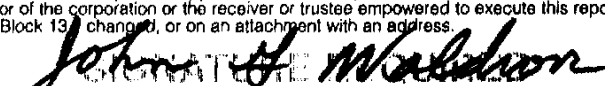


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 33313-4850	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 01/25/1961		3a. Date of Last Report 04/22/1996	
4. FEI Number 59-0995239		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 MILLER, REBECCA B. Brenneis, Rebecca 8429 NW 51ST STREET 1201 Bermuda Lakes Ln. LAUDERHILL FL 33319 #107 Kissimmee, FL 34741 (Note: This is a legal name change not a change in people)		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	COREY, PATRICIA		
STREET ADDRESS	882 CAMELLIA COURT		
CITY-ST-ZIP	PLANTATION FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	CHAPMAN, GARY		
STREET ADDRESS	6941 NW 7TH STREET		
CITY-ST-ZIP	PLANTATION FL		
TITLE	MAURO, LOIS	<input checked="" type="checkbox"/> DELETE	
NAME	8820 NW 25TH STREET		
STREET ADDRESS	SUNRISE FL		
CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	WALDRON, JOHN		
STREET ADDRESS	5351 NW 11TH ST.		
CITY-ST-ZIP	LAUDERHILL FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	CONFARE, KATE		
STREET ADDRESS	3980 NW 118TH TERRACE		
CITY-ST-ZIP	SUNRISE FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	DEAN, MICHAEL		
STREET ADDRESS	9280 NW 24TH CT		
CITY-ST-ZIP	SUNRISE FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	GUYER, DAVID		
3.3 STREET ADDRESS	4875 NW 115th Way		
3.4 CITY-ST-ZIP	Sunrise, FL		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	FULWEBER, ROBERTA		
6.3 STREET ADDRESS	11877 SW 11th Ct.		
6.4 CITY-ST-ZIP	Davie, FL		
14. I do 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, changed, or on an attachment with an address.			
SIGNATURE:  John Waldron, President, Church Council			
Date		4/27/97	
Daytime Phone #		0034921	

CR2E037 (9/96)