

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 701948 (2)**  
1. Corporation Name  
**CHRIST THE KING LUTHERAN CHURCH, INCORPORATED**



Principal Place of Business <b>1577 SUNSET STRIP N.W. 61ST AVENUE FORT LAUDERDALE FL 33313</b>	Mailing Address <b>1577 SUNSET STRIP N.W. 61ST AVENUE FORT LAUDERDALE FL 33313</b>
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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
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3. Date Incorporated or Qualified <b>01/25/1961</b>
4. FEI Number <b>59-0995239</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>BRENNEIS, REBECCA 1201 BERMUDA LAKES LN 107 KISSIMMEE FL 34741</b>
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10. Name and Address of New Registered Agent 81 Name <b>Fulweber, Roberta</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11877 SW 11th Court</b> 83 84 City <b>Davie</b> <b>FL</b> 85 Zip Code <b>33325</b>
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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 *Roberta E. Fulweber* DATE **3/24/98**

12. OFFICERS AND DIRECTORS	
TITLE	<b>DD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>COOREY, PATRICIA--</b>
STREET ADDRESS	<b>882 CAMELLIA COURT--</b>
CITY-ST-ZIP	<b>PLANTATION FL--</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHAPMAN, GARY--</b>
STREET ADDRESS	<b>6041 NW 7TH STREET--</b>
CITY-ST-ZIP	<b>PLANTATION FL--</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GUYER, DAVID</b>
STREET ADDRESS	<b>4875 NW 115TH WAY</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WALDRON, JOHN--</b>
STREET ADDRESS	<b>5351 NW 11TH ST.</b>
CITY-ST-ZIP	<b>LAUDERHILL FL--</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CONFARE, KATE</b>
STREET ADDRESS	<b>3980 NW 116TH TERRACE</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FULWEBER, ROBERTA</b>
STREET ADDRESS	<b>11877 SW 11TH CT</b>
CITY-ST-ZIP	<b>DAVE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>David Seekins</b>
1.3 STREET ADDRESS	<b>8460 NW 24th Court</b>
1.4 CITY-ST-ZIP	<b>Sunrise, FL 33322</b>
2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Charles Saunders</b>
2.3 STREET ADDRESS	<b>5850 NW 14th Street</b>
2.4 CITY-ST-ZIP	<b>Sunrise, FL 33313</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Don Tidwell</b>
4.3 STREET ADDRESS	<b>221 NW 45th Court</b>
4.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33309</b>
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	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE: *Roberta E. Fulweber* **3/24/98**

CR2E037 (10/97)