

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90157 023 ****61.25

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DOCUMENT # 701948

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/25/1961

4. FEI Number

59-0995239

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

9. Name and Address of Current Registered Agent

FULWEBER, ROBERTA
11877 SW 11TH CT
107
DAVIE FL 33325

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME TD
STREET ADDRESS SEEKINS, DAVID
CITY-ST-ZIP 8460 NW 24TH CT
SUNRISE FL 33322

TITLE ☒ DELETE
NAME VD
STREET ADDRESS SAUNDERS, CHARLES
CITY-ST-ZIP 5850 NW 14TH ST
SUNRISE FL 33313

TITLE ☐ DELETE
NAME D
STREET ADDRESS GUYER, DAVID
CITY-ST-ZIP 4875 NW 115TH WAY
SUNRISE FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS TIDWELL, DON
CITY-ST-ZIP 221 NW 45TH CT
FT LAUDERDALE FL 33309

TITLE ☒ DELETE
NAME D
STREET ADDRESS CONFARE, KATE
CITY-ST-ZIP 3980 NW 116TH TERRACE
SUNRISE FL

TITLE ☒ DELETE
NAME PD
STREET ADDRESS FULWEBER, ROBERTA
CITY-ST-ZIP 11877 SW 11TH CT
DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D
2.3 STREET ADDRESS FIFER, LYNETTE
2.4 CITY-ST-ZIP 1677 NW 56 Terrace
Lauderhill, FL 33313

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

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

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS BAUER, DEBORAH
5.4 CITY-ST-ZIP 2950 NW 46 Avenue, #205, Bldg. 17
Fort Lauderdale, FL 33313

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME PD
6.3 STREET ADDRESS STEVENSON, ALEXANDER
6.4 CITY-ST-ZIP 680 Azalea Court
Plantation, FL 33317

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)