## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

Principal Place of Business

703398

(8)

Mailing Address

ST. MATTHEW'S LUTHERAN CHURCH OF MARION COUNTY. INC.

3453 N E SILVER SPRINGS BLVD 3453 N E SILVER SPRINGS BLVD OCALA FL 32670 OCALA FL 32670 3a. Date of Last Report 3. Date incorporated or Qualified 01/03/1962 02/17/1995 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-1492627 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip 29 30 Florida Statutes ☐ Yes ☐ No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 David L. Ruhter
Street Address (P.O. Box Number is Not Acceptable)
4232 SE 6th Place **DURKEE ROGER** 82 5570 NW 80TH AVENUE ROAD 83 OCALA FL 34475 Ocala, FL 34471 84 City 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 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 reinstaling) Signature, typed or printed name of registered agent and title if applicable. DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Change ☐ Addition DELETE 1.1 TITLE 1.2 NAME NAME LAMB, BILLIE 5972 SE 159 CT 1.3 STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE SD SHUTT, DANIEL 2.2 NAME NAME 3279 NE 33RD AVE 23 STREET ADDRESS STREET ADDRESS OCALA FL 2 4 CITY-ST-ZIP CITY-ST-ZIP ĎΠ Addition XX)ELETE Change 31 TITLE PD TITLE RUHTER, David L. DURKEE, ROGER 3.2 NAME NAME 4232 SE 6th Place 5570 NW 80TH AVENUE ROAD 3.3 STREET ADDRESS STREET ADDRESS Ocala, FL 34471 OCALA FL 3.4. CITY-ST-ZIP City-St-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE NAME 52 NAME

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 anodress.

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CHTY-ST-ZIP

TITLE

NAME

OFFICER OF DIRECTOR

DELETE

☐ Addition

☐ Change