FILE	NOW:	<b>FILING</b>	FEE	IS	\$61	.25	
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**NONPROFIT** CORPORATION ANNUAL REPORT



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

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703519 DOCUMENT #

(9)

PRINCE OF PEACE LUTHERAN CHURCH, ORANGE COUNTY, ORLANDO, FLORIDA, INC.

Principal Place of Business

Mailing Address



COUNTY ORLANDO FLORIDA INC 1515 SOUTH SEMORAN BLVD. ORLANDO FL 32807			COUNTY ORLANDO FLORIDA INC 1515 SOUTH SEMORAN BLVD. ORLANDO FL 32807				_	Date Incorporated	or Qualified	3a. Date	of Last	Report			
									01/26/196	2		5/01/1			
2. Principa! Pl	lace of Busine	SS		. Mailing Addres	SS				4. FEI Number			<u> </u>	Applied For		
21			26						59-603279	7		-	Not Applicable		
Suite, Apt.	#, etc.			Suite, Apt. #, e	etc.				5. Certificate of Status	: Desired		\$8.75	Additional		
City & State			27						C. Commodic of States			Fee	Required		
23	e		28	City & State					<ol><li>Election Campaign Trust Fund Contrib</li></ol>				<b>0</b> May Be d to Fees		
Zφ	Ĺ.	Country	ļ	Zip Country					8. This corporation ha	s liability for in	ntangible tax	under s.	199.032,		
24		25 29 30 and Address of Current Registered Agent							Florida Statutes						
	9. 1401110	and Address	Or Correin Regis	itered Agent		81	10. Name and Address of New Registered Agent								
HIDWIG	, DAVID G					81	Name	;							
	SEMORAN I	RI VD				82	Street	t Address (	(P.O. Box Number is N	lot Acceptable	e)				
	OO FL 32807					83	ļ			<del></del>					
ONDAN	70 1 L 32001	,				03									
						84	City					<b>85</b> Ziç	Code		
11. Pursuant t	to the provision	ns of Sections	617 0502 and 61	7 1508 Florida 9	Statutos the s	<u> </u>			submits this statemen		FL	بلب			
			te of Florida Such is of, Section 617.			e corp	oration's	s board of	i submits this statemei directors. I hereby acc	nt for the purp cept the appoi	iose of chang intment as re	ging its re gistered	egistered office agent. I am		
SIGNATURE															
12.	Signature, typed or		istered agent and title if a		(NOTE Registe		it signature	required when			DATÉ				
TITLE	PD	OFF	GERS AND DIREC	DELET	1			<del></del>	ADDITIONS/CHANG	SES TO OFFIC					
NAME	LAUHER,	DON		Paperen		TITLE						Change	Addition		
STREET ADDRESS	368 SYL					NAME		İ							
CITY-ST-ZIP	WINTER						address								
TITLE	SD	.,,,,,,,,		<b>[</b> ▼DELETI		CITY-S	T · Z(P	+ <u></u> -			T/H				
NAME		aar, debbii	=	[-]Deten	I			SD	age Daule	++-	<b>ላ</b> ል	Change	☐ Addition		
STREET ADDRESS	ARAR DEDILOUS								Isaacs, Paulette 8436 Lake Lucy Drive						
CITY - ST-ZIP	ODI ANDO EL				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			0436	Orlando, FL 32818-8938						
TITLE	TD	<del>- : • </del>		DELETE		TITLE	il-ZIP	OLIC	ando, FL 3	2010-0		Channa	CD Mark		
NAME	INGERSO	)LL. JIM			I -	NAME					Ш	Change	Addition		
STREET ADDRESS	4037 CO	NWAY PLAC	E				ADDRESS								
CITY ST ZIP	ORLANDO	0 FL				CITY-S									
TITLE				DELETE		TITLE	1.720	<del> </del>				Change	Addition		
NAME				_		NAME					<b>'</b>	oumiño	☐ voquion		
STREET ADDRESS							ADDRESS								
CITY - ST - ZIP						CITY-S		}							
THTLE				DELETE		TITLE	. L/I	<del> </del>				Change	Addition		
NAME						NAME					' لينا		, Auditori		
STREET ADDRESS							ADDRESS								
CITY-ST-ZIP						CITY-S1									
TITLE				DELETE		TITLE		<b>†</b>		<del></del>	П	Change	["] Addition		
NAME						NAME					ω,				
STREET ADDRESS							ADDRESS								
CITY - ST - ZIP					6.4	CITY	_ 71P								
14. I do hereby certify that	certify that the	ne information	supplied with this	filing is voluntarily	y furnished and	d does	not qua	alify for the	exemption stated in S	Section 119.07	7(3)(k). Florida	Statute	s. I further		

GNATIRE. Jim Ingersoll, Treasurer

Techniques

The information incinated 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 early 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.

GNATURE. Jim Ingersoll, Treasurer

407-859-6913

SIGNATURE: Jim Ingersoll, Treasurer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Daytime Phone #