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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 703519

1. Corporation Name

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/26/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6032797 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WIEBEL, JAMES R REV
1515 S SEMORAN BLVD
ORLANDO FL 32807

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	TD	☐ Change ☑ Addition
NAME	LAUHER, DON		1.2 NAME	Mrs. Ann Lieske	
STREET ADDRESS	368 SYLVAN DR		1.3 STREET ADDRESS	1826 Seneca Blvd	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	TD	☑ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	STARK, PHIL		2.2 NAME	Mr. Bob Cuilla	
STREET ADDRESS	10245 WATER HYACINTH DR.		2.3 STREET ADDRESS	2415 Brixham Ave	
CITY-ST-ZIP	ORLANDO FL 32825-8820		2.4 CITY-ST-ZIP	Orl. FL 32828	
TITLE	SD	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	FLAIG, MELANIE		3.2 NAME	Mr. Gerald Niss	
STREET ADDRESS	8812 SCIOTU CT.		3.3 STREET ADDRESS	6158 Dahoon View Dr.	
CITY-ST-ZIP	ORLANDO FL 32829-8121		3.4 CITY-ST-ZIP	Orl. FL 32829	
TITLE	D VP	☐ DELETE	4.1 TITLE	SD	☐ Change ☑ Addition
NAME	Mr. John Brooks	ADDITION	4.2 NAME	Mrs. Theresa Opsahl	
STREET ADDRESS	9345 Buttonwood St.		4.3 STREET ADDRESS	4234 Pecan Ln.	
CITY-ST-ZIP	Orl. FL 32825		4.4 CITY-ST-ZIP	Orl. FL 32812	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME	Ms. Lindee Owens	ADDITION	5.2 NAME		
STREET ADDRESS	4625 Gaylin Oaks Ln.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Orl. FL 32806		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Mrs. Louann Fussell	ADDITION	6.2 NAME		
STREET ADDRESS	2313 Summerlin Ave		6.3 STREET ADDRESS		
CITY-ST-ZIP	Orl. FL 32806		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] REQUIRED 1/12/99 (407) 277-3945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #