

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **704154** (4)

1. Corporation Name

MESSIAH EVANGELICAL LUTHERAN CHURCH OF CASSELBERY, FLORIDA, INC.



Principal Place of Business

Mailing Address

SELBERRY, FLORIDA, INC.
2610 SO. HWY 17-92
CASSELBERRY FL 32707

SELBERRY, FLORIDA, INC.
2610 SO. HWY 17-92
CASSELBERRY FL 32707

3. Date Incorporated or Qualified
06/11/1962

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **3838 W. CYPRESS ST.**

26 **3838 W. CYPRESS ST**

4. FEI Number
59-2343784

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 **TAMPA, FL**

28 **TAMPA, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 **33607**

25 **HILLSBOROUGH**

29 **33607**

30 **HILLSBOROUGH**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OHSIEK, FREDERICK C
2610 SO. HWY 17-92
CASSELBERRY FL 32707

81 Name **REV. PAUL O. LOTZE, TREASURER**
82 Street Address (P.O. Box Number is Not Acceptable)
FLORIDA-BAHAMAS SERVICE CORP.
83 **3838 W. CYPRESS ST.**
84 City **TAMPA** FL 85 Zip Code **33607**

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

Rev. Paul O. Lotze

REV. PAUL O. LOTZE, TREASURER

3/23/96

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAYE, RICHARD	
STREET ADDRESS	305 DEYBERRY WAY	
CITY-ST-ZIP	FERN PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, GAYLON L.	
STREET ADDRESS	712 EAGLE AVE.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARD, CAROL	
STREET ADDRESS	120 W. LAUREN COURT	
CITY-ST-ZIP	FERN PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LYNCH, DONALD	
STREET ADDRESS	661 QUIETWATER COVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLAIR, MILDRED K	
STREET ADDRESS	620 VANDENBERG ST.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 address.

SIGNATURE:

Richard A. Kaye

RICHARD A. KAYE

3/23/96

339 1252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)