FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 704698**

ST. MATTHEW EVANGELICAL LUTHERAN CHURCH, INCORPO RATED

Principal Place of Business
5601 HANLEY ROAD
TAMPA EL 23634

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

5601 HANLEY ROAD TAMPA FL 33634

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Mar 04, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

10/23/1962

59-1263978

FEI Number

City & State Zip	22		27				59-1263978			t Applicable		
27p 20 28 29 29 30 50 50.00 May Be Added to Fees 29 29 29 30 50 50.00 May Be Added to Fees 20 20 20 20 20 20 20 2	City & State	ate City & State					5. Certifcate of Status Desired					
Section Sect	23											
9. Name and Address of Current Registered Agent ELSNER, ROBERT C 10712 OUT ISLAND DR TAMPA FL 33615 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 80 Zip Code 80 Zip Code 81 Zip Code 82 Zip Code 83 Zip Code 84 City Zip Code 84 City Zip Code 84 City Zip Code 85 Zip Code 85 Zip Code 86 Zip Code 86 Zip Code 86 Zip Code 87 Zip Code 87 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80	Zip	<u> </u>	Zip	Γ-								
ELSNER, ROBERT C 10712 OUT ISLAND DR TAMPA FL 33615 13. Street Address (P.O. Box Number is Not Acceptable) 14. 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, are always agent, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are purposed in the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, agent agents agent, are purposed in the provisions of programment as registered agent, are purposed in agent agent and such applicable. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 10. OFFICERS AND DIRECTORS IN 12 TITLE 10. ONNER, BONNIE 11. STREET ADDRESS 11. TITLE 10. Change Addition 12. NAME 12. NAME 13. STREET ADDRESS 14. CITY-ST-2P 14. CITY-ST-2P 14. CITY-ST-2P 14. CITY-ST-2P 14. CITY-ST-2P 15. TAMPA FL 15. TAMPA FL	24				<u> </u>					o rees		
ELSNER, ROBERT C 10712 OUT ISLAND DR TAMPA FL 33615 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 agent. I am familiar with, and accept the obligations of, Sections 617.0503, Florida Statutes. SIGNATURE Signature, 1994 or printed remark applications of, Section 617.0503, Florida Statutes, applications of Sections 617.0503, Florida Statutes. SIGNATURE Signature, 1994 or printed remark applications of, Section 617.0503, Florida Statutes. SIGNATURE Signature, 1994 or printed remark applications of, Section 617.0503, Florida Statutes. NOTE: Replative Applications app	Name and Address of Current Registered Agent						To. Name and Address of New R	egistered A	Baur			
10712 OUT ISLAND DR TAMPA FL 33615 83 44 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 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, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TO CONNER, BONNIE 12. NAME CONNER, BONNIE 13. SIRRET ADDRESS 6703 EL CAPITAN DR. 13. SIRRET ADDRESS 6703 EL CAPITAN DR. 13. SIRRET ADDRESS 6703 EL CAPITAN DR. 14. ACTY-ST-2P TITLE DENGER, DAVID 22. NAME SIRRET ADDRESS CITY-ST-2P TAMPA FL 10. DELETE 21. TITLE DENGER, DAVID 33. SIRRET ADDRESS CITY-ST-2P TAMPA FL 34. CITY-ST-2P 13. TITLE Change Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition TAMPA FL 33. SIRRET ADDRESS CITY-ST-2P TAMPA FL 34. SIRRET ADDRESS CITY-ST-2P TAMPA FL 35. SIRRET ADDRESS CITY-ST-2P TAMPA FL 45. SIRRET ADDRESS 55. SIRRET ADDRESS					81	Name			•	İ		
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Agent. 1 am familiar with, and accept the obligations of, Section 617,0903, Florida Statutes. SIGNATURE Signature, Typed or premied raine of registered agent and title if applicative. (NOTE: Registered Agent adjointure required when remitation) DATE	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											
SIGNATURE Sign	office or re agent, I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such ations of, Section	617.0503, Florida	a Statutes	the corporal	gors board of directors, I hereby descri	t ato appoint	2110711 00 101	3.4.0.00		
Signature, hyead or printed rame of regulatered agent and title if explositations (NOTE Registered Agent is departure required when remitabling) IAN IAN								2759				
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The first state of the state of	CITY-ST-ZIP				6.4 CITY-S	T-ZIP						

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.

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Applied For

Not Applicable