

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 # 705168 (3)

1. Corporation Name
THE EVANGELICAL LUTHERAN CHURCH OF OUR SAVIOR, OF ST. PETERSBURG, FLORIDA, INCORPORATED



Principal Place of Business: **301 58TH ST. S. ST PETERSBURG FL 33707 US**
Mailing Address: **/ AUGSBURG CONFESSION OF ST PETERSBURG 301 58TH STREET SOUTH ST PETERSBURG FL 33707**

3. Date Incorporated or Qualified: **02/05/1963**
3a. Date of Last Report: **03/08/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1156402**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HEINTZEN, ERICH H.
2080 DOLPHIN BLVD.
ST. PETERSBURG FL 33707**

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 617.0103, Florida Statutes.

SIGNATURE: *Erich H. Heintzen, Pastor* DATE: 1/22/96
Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRITZ, KENNETH	
STREET ADDRESS	3019 2ND AVE. N.	
CITY-ST-ZIP	ST. PETE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BENJAMIN, KELLY	
STREET ADDRESS	6230 107TH AVE. N.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RIORDAN, TIM	
STREET ADDRESS	6399 17TH AVE. N.	
CITY-ST-ZIP	ST. PETE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WARD, LINDA	
STREET ADDRESS	1998 38TH ST. N.	
CITY-ST-ZIP	ST. PETE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WERNER KOESTER
2.3 STREET ADDRESS	5701 LELAND ST. S.
2.4 CITY-ST-ZIP	ST. PETE, FL. 33715
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN EIGEL
3.3 STREET ADDRESS	2850 VINA DEL MAR BLVD E.
3.4 CITY-ST-ZIP	ST. PETE BEACH, FL. 33706
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: *John A. Eigel* DATE: 1/23/96 DAYTIME PHONE #: 360-5650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (12/95)