

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
301 58TH ST. S. ST PETERSBURG FL 33707 US / AUGSBURG CONFESSION OF ST PETERSBURG 301 58TH STREET SOUTH ST PETERSBURG FL 33707-1713

3. Date Incorporated or Qualified 02/05/1963 3a. Date of Last Report 01/30/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1156402 Applied For Not Applicable
21 301 58th ST. S. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23 City & State ST. Pete, FL. 28 City & State 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
24 Zip 33707 25 Country Pinellas 29 Zip 30 Country

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 617.0503, Florida Statutes.
SIGNATURE: Erich H. Heintzen DATE: 1/06/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD
NAME	FRITZ, KENNETH	1.2 NAME	RALPH MUNSINGER
STREET ADDRESS	3019 2ND AVE. N.	1.3 STREET ADDRESS	880 CLEANDER WAY #1404
CITY-ST-ZIP	ST. PETE FL	1.4 CITY-ST-ZIP	S. PASADENA, FL. 33707
TITLE	PD	2.1 TITLE	
NAME	KOESTER, WERNER	2.2 NAME	
STREET ADDRESS	5701 LELAND STREET SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD
NAME	EIGEL, JOHN	3.2 NAME	CHRIS BELL
STREET ADDRESS	2850 VINA DEL MAR BLVD. EAST	3.3 STREET ADDRESS	1111 JUNGLE AVE. N.
CITY-ST-ZIP	ST PETE BEACH FL	3.4 CITY-ST-ZIP	ST. PETE, FL. 33710
TITLE	SD	4.1 TITLE	SD
NAME	WARD, LINDA	4.2 NAME	MATHILDA SCHULTZ
STREET ADDRESS	1998 38TH ST. N.	4.3 STREET ADDRESS	1143 RUSSELL DR. N.
CITY-ST-ZIP	ST. PETE FL	4.4 CITY-ST-ZIP	ST. PETE, FL. 33710
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Mathilda G. Schultz MATHILDA G. SCHULTZ 1/6/96 813-344-2684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050383

CR2E037 (9/96)