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Feb 26, 1999 8:00 am
Secretary of State

0052842

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

02-26-1999 90033 046 ****61.25

DOCUMENT # 705168

1. Corporation Name

THE EVANGELICAL LUTHERAN CHURCH OF OUR SAVIOR, O
F ST. PETERSBURG, FLORIDA, INCORPORATED

Principal Place of Business

301-58TH ST S
ST PETE FL 33707
US

Mailing Address

/ AUGSBURG CONFESSION OF ST PETERSBURG
301 58TH STREET SOUTH
ST PETERSBURG FL 33707



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/05/1963

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | HUNSINGER, RALPH | |
| STREET ADDRESS | 880 OLEANDER WAY #1404 | |
| CITY-ST-ZIP | S PASADENA FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KOESTER, WERNER | |
| STREET ADDRESS | 5701 LELAND STREET SOUTH | |
| CITY-ST-ZIP | ST. PETE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BELL, CHRIS | |
| STREET ADDRESS | 1111 JUNGLE AVE N | |
| CITY-ST-ZIP | ST PETE FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SCHULTZ, MATHILDA | |
| STREET ADDRESS | 1143 RUSSELL DR 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 | TB | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | DONA BEASLEY | |
| 1.3 STREET ADDRESS | 10205 3RD ST. E | |
| 1.4 CITY-ST-ZIP | TREASURE ISLAND, FL. 33706 | |
| 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 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: *Mathilda Schultz* MATHILDA SCHULTZ 1/20/99 727-344-2684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (11/96)