

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 706096 (5)
1. Corporation Name
ST. PAUL LUTHERAN CHURCH OF TAMPA FLORIDA, INC.

Principal Place of Business Mailing Address
5103 CENTRAL AVENUE 5103 CENTRAL AVENUE
TAMPA FL 33603 TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/28/1963** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-0914077** Applied For
Not Applicable

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

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
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

**KRUGER, DAVID P
5107 CENTRAL AVENUE
TAMPA FL 33603**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PO~~
NAME **CORTESE, MARY**
STREET ADDRESS **5107 N. BRANCH AVENUE**
CITY-ST-ZIP **TAMPA FL**
TITLE **T**
NAME **THOMAS, GINGER**
STREET ADDRESS **5306 N CENTRAL AVE.**
CITY-ST-ZIP **TAMPA FL**
TITLE ~~SO~~
NAME ~~DELOACH, ANN~~
STREET ADDRESS ~~5405 N SEMINOLE AVE.~~
CITY-ST-ZIP ~~TAMPA FL~~
TITLE ~~D~~
NAME ~~BARGEBA, PETE~~
STREET ADDRESS ~~6414 SAN LUIS ST.~~
CITY-ST-ZIP ~~TAMPA FL~~
TITLE **VO**
NAME **DUMMELDINGER, MARK**
STREET ADDRESS **5603 NO CENTRAL AVE**
CITY-ST-ZIP **TAMPA FL**
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Mark Dummeldinger**
1.3 STREET ADDRESS **5603 N. Central Avenue**
1.4 CITY-ST-ZIP **Tampa, FL 33604** ☐ Change ☒ Addition
2.1 TITLE **V/D**
2.2 NAME **Ron Tillis**
2.3 STREET ADDRESS **7303 N. Howard**
2.4 CITY-ST-ZIP **Tampa, FL 33604**
3.1 TITLE **S/D Mary Cortese** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **5107 N. Branch Avenue**
3.4 CITY-ST-ZIP **Tampa, FL 33603**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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: *Mark Dummeldinger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 (813) 974-6778
Date Daytime Phone #