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NONPROFIT CORPORATION ANNUAL REPORT
1997

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 TAMPA FL 33603	5103 CENTRAL AVENUE TAMPA FL 33603-2215

3. Date Incorporated or Qualified: 08/28/1963
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business
21 5103 N. Central Ave.
22 Suite, Apt. #, etc.
23 City & State
24 Zip 33603-2215 Country 25

2a. Mailing Address
26 5103 N. Central Ave.
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country 30

4. FEI Number: 59-0914077 ☐ 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

KRUGER, DAVID P
5107 CENTRAL AVENUE
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 5107 N. Central Ave.
83
84 City FL 85 Zip Code 33603-2215

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELACH, ANN 5405 N SEMINOLE AVE TAMPA FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Dannel R. Ballesteros P.O. Box 290793 Tampa, Fl 33687-0793	☐ Change ☑ Addition N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TILLIS, RON 7303 N. HOWARD TAMPA FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Glenn Williams 1111 N. Riverhills Dr. Tampa, Fl 33617-4215	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JETER, MARY 505 E GIDDENS AVE TAMPA FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Gregory Lee Schweinsberg 15501 Bruce B. Downs #4411 Tampa, Fl 33647	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T THOMAS, GINGER 5306 N CENTRAL AVE TAMPA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

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 _____