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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706096** (5)
1. Corporation Name
ST. PAUL LUTHERAN CHURCH OF TAMPA FLORIDA, INC.



Principal Place of Business 5103 CENTRAL AVENUE TAMPA FL 33603-2215 US	Mailing Address 5103 CENTRAL AVENUE TAMPA FL 33603
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3. Date Incorporated or Qualified 08/28/1963	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-0914077		

2. Principal Place of Business 21 5103 North Central Ave.	2a. Mailing Address 26 5103 North Central Ave.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29 33603-2215	Country 30 US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRUGER, DAVID P 5107 N CENTRAL AVE. TAMPA FL 33603	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	33603-2215

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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BALESTEROS, DANIEL R
STREET ADDRESS	P.O. BOX 29073 N/A
CITY-ST-ZIP	TAMPA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, GLENN
STREET ADDRESS	1111 N RIVERSHILLS DR
CITY-ST-ZIP	TAMPA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SCHWEINSBERG, GREGORY L
STREET ADDRESS	15501 BRUCE B DOWNS, #4411
CITY-ST-ZIP	TAMPA FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	THOMAS, GINGER
STREET ADDRESS	5306 N CENTRAL AVE
CITY-ST-ZIP	TAMPA 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	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Christina Logan
1.3 STREET ADDRESS	210 W. Genesee St.
1.4 CITY-ST-ZIP	Tampa, FL 33603-3631
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas A. Phillips
2.3 STREET ADDRESS	28734 Stormcloud Pass
2.4 CITY-ST-ZIP	Wesley Chapel, FL 33543-6424
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Darlene Fredlund
3.3 STREET ADDRESS	15911 Eagle River Way
3.4 CITY-ST-ZIP	Tampa, FL 33624-6801
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Douglas A. Bell
4.3 STREET ADDRESS	210 W. Curtis
4.4 CITY-ST-ZIP	Tampa, FL 33603-3650
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.

SIGNATURE _____

CR2E037 (10/97)