
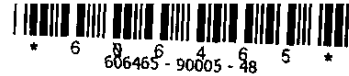


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90005 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706096					
1. Corporation Name ST. PAUL LUTHERAN CHURCH OF TAMPA FLORIDA, INC.					
Principal Place of Business 5103 N CENTRAL AVE TAMPA FL 33603-2215 US			Mailing Address 5103 CENTRAL AVENUE TAMPA FL 33603-2215 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 5103 N Central Ave 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 08/28/1963	
4. FEI Number 59-0914077		Applied For Not Applicable		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			

9. Name and Address of Current Registered Agent KRUGER, DAVID P 5107 N CENTRAL AVE. TAMPA FL 33603				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	
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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			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Addition		
NAME	LOGAN, CHRISTINA			1.2 NAME			
STREET ADDRESS	210 W GENESEE ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33603			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Addition		
NAME	PHILLIPS, THOMAS A.			2.2 NAME			
STREET ADDRESS	28734 STORMCLOUD PASS			2.3 STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL FL 33543			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREDLUND, DARLENE			3.2 NAME			
STREET ADDRESS	15911 EAGLE RIVER WAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELL, DOUGLAS A.			4.2 NAME			
STREET ADDRESS	210 W CURTIS			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33603			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/99

Date

813-235-3113

Daytime Phone #

CR2E037 (11/98)

Attachment to Nonprofit Corporation Annual Report 1999

706096
60645-9005-48

Title Name ST Address City,ST,Zip	PD LOGAN, CHRISTINA 210 W GENESEE ST TAMPA FL 33603	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	PDTr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name ST Address City,ST,Zip	SD FREDLUND, DARLENE 15911 EAGLE RIVER WAY TAMPA FL 33624	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	SDTr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name ST Address City,ST,Zip	T BELL, DOUGLAS A. 210 W CURTIS TAMPA FL 33603	<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	210 W CURTIS ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name ST Address City,ST,Zip	VD PHILLIPS, THOMAS A 28734 STORMCLOUD PASS WESLEY CHAPEL FL 33543	<input checked="" type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	VDTr BALSIZER, LEWIS T. 3414 W MORRISON AVE TAMPA FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip		<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	DTr HODEL, JANICE M. 12206 SPOTTSWOOD DR RIVERVIEW FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip		<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	DTr HANSEN, KENNETH C. PO BOX 11771 TAMPA FL 33680	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip		<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	DTr WILLIAMS, ROBERT E. 16410 NORWOOD DR TAMPA FL 33604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip		<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	DTr KRUGER, DAVID P. 5107 N CENTRAL AVE TAMPA FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip		<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	DTr BALLESTEROS, DANIEL R. PO BOX 290793 TAMPA FL 33687	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip		<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	DTr TOLZMAN, PATRICIA A. 312 W CHELSEA ST TAMPA FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip		<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	DTr BLACK, WALTER R., Jr. 5112 E/ 127 TH AVE TAMPA FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip		<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	DTr MOBERG, ALLAN C. 11121 N 21 ST ST TAMPA FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip		<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	DTr PHILLIPS, NANCY B. 14709 CROYDON PL TAMPA FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Title Name ST Address City,ST,Zip		<input type="checkbox"/> Delete	Title Name ST Address City,ST,Zip	DTr FALTER, EDNA L. 12708 N 52 ND ST TAMPA FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition