SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:16

DOCUMENT # **706144** **(3)**

1. Corporation Name

NATIVITY LUTHERAN CHURCH INC OF PALM BEACH GARDENS, FLORIDA

Principal Place of Business	Mailing Address
OF PALM BEACH GARDENS FLORIDA 4075 HOLLY DRIVE PALM BEACH GARDENS FL 33410	OF PALM BEACH GARDENS FLORIDA 4075 HOLLY DRIVE PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1963
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-1109086 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAUER, JOHN 712 GUMTREE DR. N. PALM BEACH FL 33408	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
TITLE	PD	11 TITLE	D	
NAME	BAUER, JOHN	12 NAME	Charles Baughman	
STREET ADDRESS	712 GUMTREE DR.	13 STREET ADDRESS	5787 Lonewood Ct	
CITY-ST-ZIP	N. PALM BEACH FL 33408	14 CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	TD	21 TITLE	D	
NAME	KEPLER, MARGARET	22 NAME	Steve Hitchcock	
STREET ADDRESS	4335 CRESTDALE ST.	23 STREET ADDRESS	218 Golfview Dr.	
CITY-ST-ZIP	PALM BCH GARDENS FL	24 CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	VD	31 TITLE	D	
NAME	SCHALL, HERBERT	32 NAME	Theresa Pingretic	
STREET ADDRESS	11643 S. RAMBLING DR.	33 STREET ADDRESS	3813 Daphne Ave	
CITY-ST-ZIP	W. PALM BCH. FL	34 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	SD	41 TITLE	D	
NAME	WENDEL, JEAN	42 NAME	Debbie Gantz	
STREET ADDRESS	3825 DAPHNE AVE.	43 STREET ADDRESS	20 Huntly Drive	
CITY-ST-ZIP	PALM BCH GARDENS FL	44 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	D	51 TITLE	D	
NAME	Andrew Helgesen	52 NAME	Janice Barker	
STREET ADDRESS	10303 Seagrape Way	53 STREET ADDRESS	63 Cayman Pl	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	54 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	D	61 TITLE	D	
NAME	Timothy Byerly	62 NAME	Linda Cooper	
STREET ADDRESS	133 Arrowhead Cir	63 STREET ADDRESS	717 Pelican Way	
CITY-ST-ZIP	Jupiter, FL 33458	64 CITY-ST-ZIP	North Palm Beach, FL 33408	

CR2E037 (3/95)

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)(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: John W. Bauer 6-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011002