FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 30 1998 8:00am
Secretary of State

DOCUMENT # 706476 (9)

1. Corporation Name
BETHANY LUTHERAN CHURCH OF LEESBURG, FLORIDA, INC.

Principal Place of Business	Mailing Address
1334 W GRIFFIN RD LEESBURG FL 34748	1334 W GRIFFIN RD LEESBURG FL 34748

3. Date Incorporated or Qualified: 11/26/1963

4. FEI Number: 59-2440906 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1334 Griffin Road	26 1334 Griffin Road
Suite, Apt. #, etc. 22 Leesburg, FL	Suite, Apt. #, etc. 27 Leesburg, FL
City & State 23 34748 USA	City & State 28 34748 USA
Zip 24 / Country 25	Zip 29 / Country 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEDE, JOHN Q. 36320 W SPRING LAKE BLVD FRUITLAND PARK FL 34731	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 JOHN DEDE 1.7.98
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHCULTZ, ROBERT W.		1.2 NAME	SCHULTZ, ROBERT W. (spelling)	
STREET ADDRESS	04324 EMMAUS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL		1.4 CITY-ST-ZIP	S	
TITLE	SD	☒ DELETE	2.1 TITLE	Smith, Sharon	☒ Change ☐ Addition
NAME	MESSINA, JASPER		2.2 NAME	965 Avalon	
STREET ADDRESS	104 POINSETTIA		2.3 STREET ADDRESS	Lady Lake, FL 32159	
CITY-ST-ZIP	LEESBURG FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	V	☐ Change ☐ Addition
NAME	SCHULTZ, ROBERT		3.2 NAME	X Engel, Harry	
STREET ADDRESS	04324 EMMAUS ROAD		3.3 STREET ADDRESS	6610 Hopi Trail	
CITY-ST-ZIP	FRUITLAND PARK FL		3.4 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, RALPH J.		4.2 NAME		
STREET ADDRESS	1831 HOLLY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL		4.4 CITY-ST-ZIP		
TITLE	FSD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JACK E.		5.2 NAME		
STREET ADDRESS	965 AVALON		5.3 STREET ADDRESS		
CITY-ST-ZIP	LADY LAKE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: JOHN DEDE REQUIRED January 6, 1998 787-7275
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (ATTACH POWER OF ATTORNEY IF APPLICABLE) DATE DAYTIME TELEPHONE NUMBER