

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 706476					
1. Corporation Name BETHANY LUTHERAN CHURCH OF LEESBURG, FLORIDA, IN C.					
Principal Place of Business 1334 GRIFFIN ROAD LEESBURG FL 34748 US			Mailing Address 1334 W GRIFFIN RD LEESBURG FL 34748		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 1334 Griffin Road		11/26/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 Leesburg, FL		59-2440906	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28 34748 USA		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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 Gary C. Genzen			
				82 Street Address (P.O. Box Number is Not Acceptable) 32523 Crystal Breeze Lane			
				83			
				84 City Leesburg FL 85 Zip Code 34788			

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 Gary C. Genzen DATE 1-6-99
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change ☐ Addition
NAME	SCHULTZ, ROBERT W		1.2 NAME				
STREET ADDRESS	04324 EMMAUS RD		1.3 STREET ADDRESS				
CITY-ST-ZIP	FRUITLAND PARK FL		1.4 CITY-ST-ZIP	ZIP 34731			
TITLE	S	☒ DELETE	2.1 TITLE	Sue C. Lunkes			☒ Change ☐ Addition
NAME	SMITH, SHARON		2.2 NAME	26328 Newcombe Circle			
STREET ADDRESS	965 AVALON		2.3 STREET ADDRESS	Leesburg, FL 34748			
CITY-ST-ZIP	LADY LAKE FL 32159		2.4 CITY-ST-ZIP				
TITLE	V	☒ DELETE	3.1 TITLE				☒ Change ☐ Addition
NAME	ENGEL, HARRY		3.2 NAME				
STREET ADDRESS	6610 HOPI TRAIL		3.3 STREET ADDRESS				
CITY-ST-ZIP	LEESBURG FL 34748		3.4 CITY-ST-ZIP				
TITLE	TD	☒ DELETE	4.1 TITLE	TD			☒ Change ☐ Addition
NAME	GREEN, RALPH J.		4.2 NAME	Leonard Rempert			
STREET ADDRESS	1831 HOLLY LANE		4.3 STREET ADDRESS	21601 Queen Elizabeth Ct.			
CITY-ST-ZIP	LADY LAKE FL		4.4 CITY-ST-ZIP	Leesburg, FL 34748			
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	ZIP 32159			
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				

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] DATE Jan 8, 1999 DAYTIME PHONE # 787-7275
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)