

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707590 (6)

1. Corporation Name
ADVENT LUTHERAN CHURCH INC



Principal Place of Business 2156 LOCH RANE BLVD ORANGE PARK FL 32073	Mailing Address 2156 LOCH RANE BLVD ORANGE PARK FL 32073-4276
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3. Date Incorporated or Qualified 07/14/1964		3a. Date of Last Report 02/07/1996	
2. Principal Place of Business 21		2a. Mailing Address 26	
4. FEI Number 59-6498117		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip		29. Zip	
25. Country		30. Country	
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WINTER, DAVID E. 2156 LOCH RANE BLVD ORANGE PARK FL 32073		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
		85. Zip Code FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HESLA, ALBERT		1.2 NAME Harris, Ron	
STREET ADDRESS 8578 BOX BERRY LANE		1.3 STREET ADDRESS 1684 Crescent Cove Ct.	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Orange Park, FL 32073	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DILIELLO, GARY		2.2 NAME Aschenbeck, Gerri	
STREET ADDRESS 277 DEEPRIDGE COURT		2.3 STREET ADDRESS 3141-1 Doctor's Lake Dr.	
CITY-ST-ZIP ORANGE PARK FL		2.4 CITY-ST-ZIP Orange Park, FL 32065	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SACHS, GARY		3.2 NAME Jones, Edward	
STREET ADDRESS 74 BELMONT BLVD.		3.3 STREET ADDRESS 2561 Huntington Way	
CITY-ST-ZIP ORANGE PARK FL		3.4 CITY-ST-ZIP Orange Park, FL 32073	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WINTER, DAVID		4.2 NAME	
STREET ADDRESS 2156 LOCH RANE BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP ORANGE PARK FL		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 do 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: *Sandra B. Mortham* *Gary A Sachs* **1/21/97** **904-272-6370**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001032

CR2E037 (9/96)