

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 709097 (0)

1. Corporation Name
CHRIST LUTHERAN CHURCH INC. OF ENGLEWOOD, FLORID A



Principal Place of Business: 701 N INDIANA AVENUE ENGLEWOOD FL 34223
Mailing Address: 701 N INDIANA AVENUE ENGLEWOOD FL 34223

3. Date Incorporated or Qualified: 06/08/1965
3a. Date of Last Report: 02/02/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1536422	Applied For	
	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Not Applicable	
22	22	27	27	5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required
	City & State		28	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	23	28	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/>	Yes <input type="checkbox"/> No
24	24	25	25				
	Zip	Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POFELSKI, CAROL J.
215 PARKVIEW DR.
VENICE FL 34293

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HOMBERGER, WARREN <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5560 ANDERSON RD.	1.2 NAME	
STREET ADDRESS	PORT CHARLOTTE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HYNIE, LEONARD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	663 FOXWOOD BLVD.	2.2 NAME	SALVATORE CURBURO
STREET ADDRESS	ENGLEWOOD FL	2.3 STREET ADDRESS	6127 O'CONNELL ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ENGLEWOOD, FL
TITLE	D CRAWFORD, SANFORD L. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	828 BRIAR GLEN COURT	3.2 NAME	
STREET ADDRESS	ENGLEWOOD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sanford L. Crawford* SANFORD L. CRAWFORD 1-20-96 (941) 474-1989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)