

FILE NOW: FILING FEE IS \$61.25

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Apr 16 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 # 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 34223-2707
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3. Date Incorporated or Qualified 06/08/1965	3a. Date of Last Report 02/01/1996
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number 59-1536422 59-2416539	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **John A. Sturrock, Treasurer**

82 Street Address (P.O. Box Number is Not Acceptable)
1501 Beach Road, #209

83

84 City **Englewood** **FL** 85 Zip Code **34223**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statute, 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 A. Sturrock* **John A. Sturrock, Treasurer 14 April 97**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HOMBERGER, WARREN
STREET ADDRESS	5560 ANDERSON RD.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CURCURO, SALVATORE
STREET ADDRESS	6127 O'CONNELL ST.
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, SANFORD L.
STREET ADDRESS	828 BRIAR GLEN COURT
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kisel, John
1.3 STREET ADDRESS	8431 Creekview Lane
1.4 CITY-ST-ZIP	Englewood, FL 34224
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sturrock, John A.
3.3 STREET ADDRESS	1501 Beach Road, #209
3.4 CITY-ST-ZIP	Englewood, FL 34223
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE: *John A. Sturrock* **John A. Sturrock, 14 April 97, 941-#75-2175**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062383

CP2E037 (9/96)