


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90280 011 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709097**  
 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/08/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2416539
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STURROCK, JOHN A 1501 BEACH RD 209 ENGLEWOOD FL 34223				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KISEL, JOHN	1.1 TITLE	PD
NAME	8431 CREEKVIEW LN	1.2 NAME	COTTON, RICHARD
STREET ADDRESS	ENGLEWOOD FL	1.3 STREET ADDRESS	8243 LAKESIDE DR.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ENGLEWOOD, FL. 34224
TITLE	D CURCURO, SALVATORE	2.1 TITLE	D
NAME	6127 O'CONNELL ST.	2.2 NAME	CARSTAIRS, JAMES
STREET ADDRESS	ENGLEWOOD FL	2.3 STREET ADDRESS	324 CLIPPER ST.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	TD STURROCK, JOHN A	3.1 TITLE	
NAME	1501 BEACH ROAD, 209	3.2 NAME	
STREET ADDRESS	ENGLEWOOD FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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]* 15 APR 99 941-415-2175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)