FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **709588** **(8)**

1. Corporation Name

LUTHERAN CHURCH OF THE CROSS, INC. OF ST. PETERSBURG, FLORIDA

Principal Place of Business	Mailing Address
4545 CHANCELLOR STREET ST PETERSBURG FL 33703	4545 CHANCELLOR STREET ST PETERSBURG FL 33703

DO NOT WRITE ABOVE THIS SPACE

3. Date Incorporated in Florida: 09/14/1965 — Date of Last Report: 05/17/1994

4. FEI Number: 59-1116429 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip / County 24 / 25	Zip / County 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SCHROEDER, RONALD~~ ~~4107 5TH AVE NORTH #B~~ ~~ST PETERSBURG FL 33713~~	81 Name: Richard C. Koch 82 Street Address (P.O. Box Number is Not Acceptable): 1316 - 54th Avenue NE 83 84 City: St. Petersburg — 85 FL — Zip Code: 33703

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Richard C. Koch, Treasurer — Richard C Koch — 4/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President - Director	☒ Change ☐ Addition
NAME	~~SLICKER, WILLIAM~~	12 NAME	Jerry A. Rigby	
STREET ADDRESS	~~440 3RD AVE NORTH~~	13 STREET ADDRESS	1251 - 37th Avenue NE	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	14 CITY-ST-ZIP	St. Petersburg, FL 33704-1627	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, CYNTHIA	22 NAME		
STREET ADDRESS	2063 ILLINOIS AVE., N.E.	23 STREET ADDRESS		
CITY-ST-ZIP	ST PETE, FL 00000	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	Treasurer - Director	☒ Change ☐ Addition
NAME	~~SCHROEDER, RONALD~~	32 NAME	Richard C. Koch	
STREET ADDRESS	~~1947 HAWAII AVE NE~~	33 STREET ADDRESS	1316 - 54th Avenue NE	
CITY-ST-ZIP	~~ST PETERSBURG FL 33703~~	34 CITY-ST-ZIP	St. Petersburg, FL 33703-3225	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Richard C. Koch — Richard C Koch — 4/19/95 — (813) 525-8364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

000844