FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division of Corporations

FILED Feb 18 1998 8:00am Secretary of State

	1000				
POCUI 1. Corporation	MENT # 70958	88 (8)			
LUTHE	RAN CHURCH OF THE C	ROSS, INC. OF ST. P	ETERS		
	FLORIDA				
Principal Place of Business Mailing Address					
4545 CHANCELLOR STREET 4545 CHANCELLOR STREET			DEET		
ST PETERSBUR		ST PETERSBURG FL 33		3. Date Incorporated or Qualified 09/14/1965	
				4. FEI Number Applied For	
			·	59-1116429 Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		Fee Required 6. Election Campaign Financing \$5.00 May Be	
22		27		Trust Fund Contribution Added to Fees	
City & State City & State		·· ·	7. Is this nonprofit corporation a homeowners association?		
Zip	Country	28 Zip	Country	☑ Yes □ No	
24	25 Pinellas	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No exem	
	9. Name and Address of Curre			10. Name and Address of New Registered Agent	
			81 Name	n S . Bussey	
KOCH, RICHARD C.				Address (P.O. Box Number is Not Acceptable) 5 N. Dakota Avenue NE	
1316-54TH AVENUE				5 N. Dakota Avenue NE	
SI. PEII	ERSBURG FL 33703		63		
			84 City St.	Petersburg FL 85 Zip Code 33703	
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Sta	alutes, the above-name	d corporation submits this statement for the purpose of changing its registered	
office or r agent. I a	egistered agent, or both, in the Statement agent the obli-	te of Florida. Such change wa igations of, Section 617.0503,	as authorized by the co , Florida Statutes.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Je money			<i>₹\19\9</i> 8	
12.	open or professionance of registered a	agent and title if applicable (I	NOTE: Registered Agent signatur 13.	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	X DELETE	1.3 TITLE	PD XX Change Addition	
NAME	HUFFMAN, RODNEY A		1.2 NAME	John 5. Bussey	
STREET ADDRESS	5460 57TH AVE NORTH		1.3 STREET ADDRESS	1625 N. Dakota Avenue NE	
CITY - ST - ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	St. Petersburg, FL 33/03	
TITLE	VPD	X DELETE	2.1 TITLE	VPD	
NAME	BUSSEY, JOHN A 1625 N DAKOTA AVE NE		2.2 NAME	R. F. Dellinger	
STREET ADDRESS	ST. PETERSBURG FL		2.3 STREET ADORESS 2.4 CITY-ST-ZIP	The second of th	
CITY-S1-ZIP TITLE	10	DELETE	3.1 TITLE	St. Petersburg, FL 33703 TD ☐ Change ☐ Addition	
NAME	KOCH, RICHARD C.	_	3.2 NAME	Donald E. Schleicher	
STREET ADORESS	1316-54TH AVENUE NE		3.3 STREET ADDRESS	2035 Michigan Avenue NE	
CITY-S1-ZIP	ST. PETERSBURG FL		3.4. CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		
TITLE		DELETE	6 1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	•	
CITY-ST-ZIP	certify that the information curreled	with this filing dose not qualit	6.4 CITY-ST-ZIP	ted in Section 119 07(3)(i) Florida Statutes I further certify that the information	
14. I hereby o	certify that the information supplied	with this filing does not qualif	fy for the exemption sta	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information	

14. Thereby 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 suppliemental 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:

WAYING AND TYPED OF PRINTED NAME

2/9/98 813-525-8364