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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90168 009 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 709588**

1. Corporation Name

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

Principal Place of Business

**4545 CHANCELLOR STREET  
ST PETERSBURG FL 33703**

Mailing Address

**4545 CHANCELLOR STREET  
ST PETERSBURG FL 33703**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**09/14/1965**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-1116429**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUSSEY, JOHN S  
1625 N DAKOTA AVE NE  
ST. PETERSBURG FL 33703**

81 Name  
**Donna M. Willis**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**248 - 44th Avenue NE**  
83  
84 City  
**St. Petersburg FL**  
85 Zip Code  
**33703**

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 *Donna M. Willis*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/10/99*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUSSEY, JOHN S	
STREET ADDRESS	1625 N DAKOTA AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DELLINGER, R F	
STREET ADDRESS	2032 MICHIGAN AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHLEICHER, DONALD	
STREET ADDRESS	2035 MICHIGAN AVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
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		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donna M. Willis	
1.3 STREET ADDRESS	246 - 44th Avenue NE	
1.4 CITY-ST-ZIP	St. Petersburg FL 33703	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rod A Huffman	
2.3 STREET ADDRESS	5460 - 57th Avenue North	
2.4 CITY-ST-ZIP	St. Petersburg FL 33709	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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: *Donald E. Schleicher* **SIGNATURE OF SCHLEICHER** *03/07/99* **03/07/99** *(727) 525-8304* **(727) 525-8304**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)