| ··-·  |   |   |  |  |  |
|---|---|---|--|--|--|
| co  | FILE NOW: FILI IONPROFIT PROPATION IUAL REPORT 1996   | FLORIDA DEPAR<br>Sandra B<br>Secretar   | .25  TMENT OF STATE  Mortham  y of State  CORPORATIONS |  |  |
| DOCL  | JMENT # 710936  |   | OH OHATOMS   |  |  |
|   | OHN LUTHERAN CHURCH, I  | (~)   |  |  |  |
|   | onit contenan onotion, i  | 110.  |  | 1 (0 1) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |
|   | ce of Business  | Mailing Address   |  |  |  |
| % WILMA I. HANEY       10465 S.E. 159TH ST.         16660 SE 100TH COURT       SUMMERFIELD FL 34491         SUMMERFIELD FL 32691       US |   |   |  |  |  |
|   |   | 05  |  | 3. Date Incorporated or Qualified 05/31/1966   | 3a. Date of Last Report 03/15/1995                                     |
| 21 St .   | Place of Business   | 2a. Mailing Address<br>26 / 2465 S.   | E. 1597 St.  | 4. FEI Number 59-2037536   | Applied For Not Applicable   |
| Suite, Apt  | #, etc.   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |
| City & Sta  | nmERFILLD, FL 34491   | City & State  |  | Election Campaign Financing     Trust Fund Contribution  | \$5.00 May Be Added to Fees  |
| Zip<br><b>24</b> 34   | 491 25 MARION   | Zip <b>29</b>   | Country<br>30  | This corporation has liability for inliferida Statutes   |  |
|   | 9. Name and Address of Curren   | t Registered Agent  | 81 Name  | 10. Name and Address of New Re   | platered Agent   |
|   | F, PAULA<br>SE 94TH AVE   |   | 82 Street Add  | ress (P.O. Box Number is Not Acceptable  |  |
|   | RFIELD FL 34491   |   | 83   |  |  |
|   |   |   | 84 City  | <del></del>  | 85 Zip Code  |
| 11. Pursuant<br>or registe<br>familiar w  | to the provisions of Sections 617.0502<br>gred agent, or both, in the State of Florid<br>with, and accept the obligations of, Section | and 617.1508, Florida Statutes,<br>la. Such change was authorized<br>on 617.0503, Florida Statutes. | the above-named corpor<br>by the corporation's boa     | ration submits this statement for the purpord of directors. I hereby accept the appoin   | pse of changing its registered office itment as registered agent. I am |
| SIGNATURE   | Signature, typed or printed name of registered agent a  | and title if applicable (NOTE:  | Registered Agent signature require                     | d when reinstation)  | DAY  |
| 12.   | OFFICERS AND  | DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIFFECTORS IN 12   |
| TITLE<br>NAME   | D<br>EKEY, VIRGINIA   | DELETE  | 1.1 TITLE  |  | Change Addition  |
| STREET ADDRESS  | 9873 SW 179TH PL  |   | 1.2 NAME<br>1.3 STREET ADDRESS                         |  |  |
| CITY - ST - ZIP   | SUMMERFIELD, FL 00000   |   | 1.4 CITY - ST - ZIP                                    |  |  |
| TITLE   | SD DIAVE EDED   | DELETE  | 2.1 TITLE  |  | Change Addition  |
| NAME<br>STREET ADDRESS  | BLAKE, FRED<br>1618 E. SCHWARTZ BLVD.   |   | 2.2 NAME   |  | i  |
| CITY-ST-ZIP   | LADY LAKE FL  |   | 23 STREET ADDRESS                                      |  |  |
| TITLE   | TD  | DELETE  | 2. 4 CITY-ST-ZIP<br>3.1 TITLE                          | , W  | Change Addition  |
| NAME  | PIERCE, PAULA   | <del></del>   | 3.2 NAME   |  | C Strongs C Magricol)  |
| STREET ADDRESS  | 14301 SE 94TH ST  |   | 3.3 STREET ADDRESS                                     |  |  |
| CITY-ST-ZIP<br>TITLE  | SUMMERFIELD FL<br>D   | Fincere   | 3.4. CITY-ST-ZIP                                       | A STATE OF THE STA |  |
| NAME  | SMITH, KEN  | DELETE  | 4.1 TITLE  |  | Change Addition  |
| STREET ADDRESS  | 531 SEVILLA PL  |   | 4.2 NAME<br>4.3 STREET ADDRESS                         |  |  |
| CITY - ST - ZIP   | LADY LAKE FL  |   | 4.4 CITY-ST-ZIP  |  |  |
| TITLE   | VP  | DELETE  | 5.1 TITLE  |  | ☐ Change ☐ Addition  |
| NAME  | KRUEGER, HOWARD   |   | 5.2 NAME   | •  |  |
| STREET ADDRESS  | 17897 SE 105TH AVE<br>SUMMERFIELD FL  |   | 5.3 STREET ADDRESS                                     | •  |  |
| CITY - ST - ZIP<br>TITLE  | D D   | DELETE  | 5.4 CITY-ST-ZIP  |  |  |
| =   | DENNED BODERY   |   | 61 TITLE   |  | ☐ Change ☐ Addition  |

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

RENNER, ROBERT

SUMMERFIELD FL

32 CHINCA DR.

24

NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: Paula Pière 1

PIERCE JECTOR PAULA NG OFFICER OR DI

2/6/96 352-288-2041