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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 710936 (6)

1. Corporation Name
ST. JOHN LUTHERAN CHURCH, INC.



Principal Place of Business
ST. JOHN LUTHERAN CHURCH
16660 SE 100TH COURT
SUMMERFIELD FL 34491
US

Mailing Address
10465 S.E. 159TH ST.
SUMMERFIELD FL 34491-7652
US

3. Date Incorporated or Qualified 05/31/1966
3a. Date of Last Report 02/09/1996

2. Principal Place of Business
21 10495 SUNSET HARBOR RA.
Suite, Apt. #, etc.
22
City & State
23 SUMMERFIELD, FL
Zip
24 34491
Country
25 MARION

2a. Mailing Address
26 10495 SUNSET HARBOR RA.
Suite, Apt. #, etc.
27
City & State
28 SUMMERFIELD, FL
Zip
29 34491
Country
30 MARION

4. FEI Number 59-2037536
Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PIERCE, PAULA
14301 SE 94TH AVE
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

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 _____
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EKEY, VIRGINIA	1.2 NAME	
STREET ADDRESS	9873 SW 179TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD, FL 00000	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, FRED	2.2 NAME	
STREET ADDRESS	1618 E. SCHWARTZ BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, PAULA	3.2 NAME	
STREET ADDRESS	14301 SE 94TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KEN	4.2 NAME	
STREET ADDRESS	531 SEVILLE PL	4.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUEGER, HOWARD	5.2 NAME	
STREET ADDRESS	17897 SE 105TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNER, ROBERT	6.2 NAME	
STREET ADDRESS	32 CHINCA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Paula Pierce* REPAULD PIERCE Date: 2/24/97 352 288-2041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0066160

CP2E037 (9/96)