

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710936 (6)**  
1. Corporation Name  
**ST. JOHN LUTHERAN CHURCH, INC.**



Principal Place of Business <b>10495 SUNSET HARBOR RD. SUMMERFIELD FL 34491 US</b>	Mailing Address <b>10495 SUNSET HARBOR RD SUMMERFIELD FL 34491 US</b>
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3. Date Incorporated or Qualified  
**05/31/1966**

4. FEI Number <b>59-2037536</b>	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30  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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 *Paula Pierce* **PAULA PIERCE** **5/20/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>EKEY, VIRGINIA</b>
STREET ADDRESS	<b>9873 SW 179TH PL</b>
CITY-ST-ZIP	<b>SUMMERFIELD, FL 00000</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>PIERCE, PAULA</b>
STREET ADDRESS	<b>14301 SE 94TH ST</b>
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KRUEGER, HOWARD</b>
STREET ADDRESS	<b>17897 SE 105TH AVE</b>
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RENNER, ROBERT</b>
STREET ADDRESS	<b>32 CHINCA DR.</b>
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P DONALD BRETZ</b>
1.3 STREET ADDRESS	<b>17648 SE 107TH COURT</b>
1.4 CITY-ST-ZIP	<b>SUMMERFIELD, FL 34491</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JIM STAYTON</b>
2.3 STREET ADDRESS	<b>9591 162ND PLACERD.</b>
2.4 CITY-ST-ZIP	<b>SUMMERFIELD FL 34491</b>
3.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BOB HORAK</b>
3.3 STREET ADDRESS	<b>5640 SPINAKE</b>
3.4 CITY-ST-ZIP	<b>LADY LAKE, FL 32159</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>FRED BLAKE</b>
4.3 STREET ADDRESS	<b>1618 E. SWARTZ BLVD</b>
4.4 CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ROBERT STODOLA</b>
5.3 STREET ADDRESS	<b>310 DELMAR DRIVE</b>
5.4 CITY-ST-ZIP	<b>LADY LAKE FL 32159</b>
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.

SIGNATURE: *Paula Pierce* **PAULA PIERCE** **5/20/98** **352** **988-2041**

CR2E087 (10/97)