

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 711339 (2)

1. Corporation Name

GUARDIAN LUTHERAN CHURCH OF MANDARIN, FLORIDA, INC.

Principal Place of Business

10113 HALEY ROAD
JACKSONVILLE FL 32257

Mailing Address

10113 HALEY ROAD
JACKSONVILLE FL 32257



3. Date Incorporated or Qualified
08/15/1966

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

4. FEI Number

59-1153478

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

SULLIVAN, JERRY
5074 SAN CLERC
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81

Name

Gregory S. Bennett

82

Street Address (P.O. Box Number is Not Acceptable)

10145 Bear Valley Rd.

83

84

City

Jacksonville

FL

85

Zip Code

32257

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 Gregory S. Bennett, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/5/96

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME SULLIVAN, JERRY
STREET ADDRESS 5074 SAN CLERC
CITY-ST-ZIP JACKSONVILLE FL
☒ DELETE

TITLE D
NAME GILBREATH, ROB
STREET ADDRESS 10831 BALLESTERO DR E.
CITY-ST-ZIP JACKSONVILLE FL
☒ DELETE

TITLE T
NAME HIKE, DAVID
STREET ADDRESS 12078 CRANEFOOT DR
CITY-ST-ZIP JACKSONVILLE FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President (V/D)
1.2 NAME Linda Sosieba
1.3 STREET ADDRESS 9439 San Jose Blvd Apt 15
1.4 CITY-ST-ZIP Jacksonville FL 32257
☒ Change ☐ Addition

2.1 TITLE Treasurer (T)
2.2 NAME Dorena Bennett
2.3 STREET ADDRESS 10145 Bear Valley Rd
2.4 CITY-ST-ZIP Jacksonville FL 32257
☒ Change ☐ Addition

3.1 TITLE Secretary (S)
3.2 NAME Jackie Eagle
3.3 STREET ADDRESS 5405 Juleston Creek Rd.
3.4 CITY-ST-ZIP Jacksonville FL 32258
☐ Change ☒ Addition

4.1 TITLE P/D
4.2 NAME Gregory S. Bennett
4.3 STREET ADDRESS 10145 Bear Valley Rd
4.4 CITY-ST-ZIP Jacksonville FL 32257
☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME James Dickey
5.3 STREET ADDRESS 2015 Remington Forest Court
5.4 CITY-ST-ZIP Jacksonville FL 32258
☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)