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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711339** (2)

1. Corporation Name

GUARDIAN LUTHERAN CHURCH OF MANDARIN, FLORIDA, I NC.

Principal Place of Business

Mailing Address

**10113 HALEY ROAD
JACKSONVILLE FL 32257**

**10113 HALEY ROAD
JACKSONVILLE FL 32257-5823**



3. Date Incorporated or Qualified **08/15/1986** 3a. Date of Last Report **08/14/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1153478		Applied For	
21		26				Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENNETT, GREGORY S.
10145 BEAR VALLEY RD.
JACKSONVILLE FL 32257**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDP	1.1 TITLE	T/D
NAME	SASIETA, LINDA	1.2 NAME	John E. Spreier
STREET ADDRESS	9439 SAN JOSE BLVD, APT. 75	1.3 STREET ADDRESS	2950 Sanctuary Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	T	2.1 TITLE	D
NAME	BENNETT, BARBARA	2.2 NAME	Jeanine Keating
STREET ADDRESS	10145 BEAR VALLEY RD	2.3 STREET ADDRESS	5453 Downingtown Drive
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	S	3.1 TITLE	
NAME	EAGLE, JACKIE	3.2 NAME	
STREET ADDRESS	5405 JULINGTON CREEK RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	BENNETT, GEORGE S.	4.2 NAME	
STREET ADDRESS	10145 BEAR VALLEY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DUDLEY, JAMES	5.2 NAME	
STREET ADDRESS	2315 REMINGTON FOREST COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Gregory S. Bennett* President 1/22/97 (904)260-1767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)