


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 10 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
--	---	---

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**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**2a** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**08/15/1966**

4. FEI Number

**59-1153478**

Applied For

Not Applicable

6. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

81 Name

**Joseph Keating**

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

**5453 Downingtown Dr**

83

84 City

**Jacksonville**

**FL**

**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

*Joseph L. Keating*

(NOTE: Registered Agent signature required when reinstating)

DATE

**Feb 22, 1998**

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPREIER, JOHN</b>	
STREET ADDRESS	<b>2950 SANCTUARY BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE BCH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KEATING, JEANINE</b>	
STREET ADDRESS	<b>5453 DOWNINGTON DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EAGLE, JACKIE</b>	
STREET ADDRESS	<b>5405 JULINGTON CREEK RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BENNETT, GEORGE S.</b>	
STREET ADDRESS	<b>10145 BEAR VALLEY RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE 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>1</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Patricia P Carty</b>	
1.3 STREET ADDRESS	<b>8871 Heavenside Ct</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>	
2.1 TITLE	<b>Y</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Patrick Brien</b>	
2.3 STREET ADDRESS	<b>Hdb 3 Sunbeam Station Ct</b>	
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>LIZ FORD</b>	
3.3 STREET ADDRESS	<b>8031 Sable Creek</b>	
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>	
4.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Joseph Keating</b>	
4.3 STREET ADDRESS	<b>5453 Downingtown Dr</b>	
4.4 CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Todd Bettis</b>	
5.3 STREET ADDRESS	<b>6532 110th St</b>	
5.4 CITY-ST-ZIP	<b>Jacksonville, FL 32244</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

*Patricia P Carty*

**2-5-98**

(904)

**636-9895**

CR2E037 (10/97)