


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90060 046 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 711339</b>					
1. Corporation Name <b>GUARDIAN LUTHERAN CHURCH OF MANDARIN, FLORIDA, I NC.</b>					
Principal Place of Business <b>10113 HALEY ROAD JACKSONVILLE FL 32257</b>			Mailing Address <b>10113 HALEY ROAD JACKSONVILLE FL 32257</b>		



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		3. Date incorporated or Qualified <b>08/15/1966</b>	
4. FEI Number <b>59-1153478</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. May Be Added to Fees <b>\$5.00</b>			
9. Name and Address of Current Registered Agent <b>KEATING, JOSEPH 5453 DOWINGTON DR JACKSONVILLE FL 32257</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 Joseph Keating Joseph I. Keating 1/24/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CARTY, PATRICIA P		1.2 NAME				
STREET ADDRESS	8871 HEAVENSIDE CT		1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	KEATING, JEANINE		2.2 NAME	ROBERT KORMAN			
STREET ADDRESS	5453 DOWNINGTON DR		2.3 STREET ADDRESS	538 BLUE GRASS CT			
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	ORANGE PARK, FL 32073			
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	BRIEN, PATRICK		3.2 NAME	DAVID HIKE			
STREET ADDRESS	4663 SUNBEAM STATION CT		3.3 STREET ADDRESS	12078 CRANEFoot DR			
CITY-ST-ZIP	JACKSONVILLE FL 32257		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32223			
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FORD, LIZ		4.2 NAME	LIZ FORD			
STREET ADDRESS	8031 SABLE CREEK		4.3 STREET ADDRESS	8031 SABLE CREEK			
CITY-ST-ZIP	JACKSONVILLE FL 32256		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256			
TITLE	P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KEATING, JOSEPH		5.2 NAME				
STREET ADDRESS	5453 DOWINGTON DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32257		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	BETTIS, TODD		6.2 NAME	BECKY MORGAN			
STREET ADDRESS	6532 110TH ST		6.3 STREET ADDRESS	4640 BRANDY OAK CT			
CITY-ST-ZIP	JACKSONVILLE F 32244		6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257			

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, with all other like empowered.

SIGNATURE: Patricia Carty 1-20-99 (904) 636-9895  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)