


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 711918 (3) 1. Corporation Name THE FLORIDA LUTHERAN RETIREMENT CENTER, INC.					
Principal Place of Business 450 N. McDONALD AVE. DELAND FL 32724			Mailing Address 450 N. McDONALD AVE. DELAND FL 32724-3807		
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 12/07/1966 3a. Date of Last Report 04/29/1996 4. FEI Number 59-1157053 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CONRAD, JONATHAN S. 450 N. McDONALD AVENUE DELAND, 32724				10. Name and Address of New Registered Agent 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 <i>Jonathan Conrad</i> JONATHAN CONRAD, <i>Abdulwahid</i> 2/1/97 Signature, typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOEGER, AUGIE		1.2 NAME		
STREET ADDRESS	1649 WYCLIFF WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMEE FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOEGER, BETTY		2.2 NAME		
STREET ADDRESS	1649 WYCLIFF WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMEE FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILCOX, AMELIA J MRS.		3.2 NAME		
STREET ADDRESS	1624 CALVIN CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMEE FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNUT MEHL, SR.		4.2 NAME		
STREET ADDRESS	1601 LUTHER LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMEE FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VERSTAD, LAURA		5.2 NAME		
STREET ADDRESS	1508 GALWAY COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMEE FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, HARRY		6.2 NAME		
STREET ADDRESS	3210 S. 51ST PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LINCOLN NE		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 in an attachment with an address.

CR2E037 (9/96)