

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 12/07/1966	Applied For Not Applicable
4. FEI Number 59-1157053	

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
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	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 *[Signature]* **JONATHAN CONRAD, Administrator** 2/4/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D HOEGER, AUGIE <i>(Augie Hoeger)</i>
STREET ADDRESS	1649 WYCLIFF WAY
CITY-ST-ZIP	KISSIMMEE FL 34746
TITLE	<input type="checkbox"/> DELETE
NAME	D HOEGER, BETTY <i>Betty Hoeger</i>
STREET ADDRESS	1649 WYCLIFF WAY
CITY-ST-ZIP	KISSIMMEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D WILCOX, AMELIA J MRS. <i>Amelia J Wilcox</i>
STREET ADDRESS	1624 CALVIN CIRCLE
CITY-ST-ZIP	KISSIMMEE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D KNUIT MEHL SR. <i>David S. Walters</i>
STREET ADDRESS	1601 LUTHER LANE
CITY-ST-ZIP	KISSIMMEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D JERSTAD, LAURA <i>Laura Jerstad</i>
STREET ADDRESS	1508 GALWAY COURT
CITY-ST-ZIP	KISSIMMEE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D ANDERSON, HARRY
STREET ADDRESS	3210 S 51ST PLACE
CITY-ST-ZIP	LINCOLN NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director, DAVID S. WALTERS
4.3 STREET ADDRESS	1504 Galway Court
4.4 CITY-ST-ZIP	Kissimmee, FL 34746
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Director, John Hoeger
6.3 STREET ADDRESS	3401 Cafe Court
6.4 CITY-ST-ZIP	Kissimmee, FL 34746

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: *[Signature]* 1/26/98 1407/870-9574

CR2E037 (10/97)