

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 713456 (2)

1. Corporation Name

ST. ARMANDS KEY LUTHERAN CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**40 NORTH ADAMS DRIVE
SARASOTA FL 34236-8403**

Mailing Address
**40 NORTH ADAMS DRIVE
SARASOTA FL 34236-8403**

3. Date Incorporated or Qualified
10/12/1967

3a. Date of Last Report
03/18/1994

4. FEI Number
59-1270573

Applied For
☐ Not Applicable

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

5. Certificate of Status Desired ☒ **\$9.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**ZIMMER, ROBERT J. L.
744 TYLER DRIVE
SARASOTA 34236**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HAGLUND, GORDON	1.2 NAME	
STREET ADDRESS	2833 GULF OF MEXICO DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	LONGBOAT KEY FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	OWENS, ANDREW	2.2 NAME	
STREET ADDRESS	1638 NORTH DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	OLSON, LARS	3.2 NAME	
STREET ADDRESS	30 N WAHSINGTON DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	HENDRY, BETTY	4.2 NAME	
STREET ADDRESS	770 S PALM AVE APT. 1101	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gordon Haglund 4/7/1995 813-388-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Gordon Haglund