NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 7149 1. Corporation Name ST. THOMAS LUTHERAN CHI							
Principal Place of Business 17700 OLD CUTLER ROAD 17700 OLD CUTLER ROAD MIAMI FL 33157 US	Mailing Address 17700 OLD CUTLER R 17700 OLD CUTLER R MIAMI FL 33157 US						
Principal Place of Business Total	2a. Mailing Address		3. Date Incorporated or Qualifed 07/10/1968				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. FEI Number 59-1086282				
City & State	City & State		5. Certificate of Status Desired F				
Zip Country 24 25	Ζίρ 29	Country	6. Election Campaign Financing Trust Fund Contribution				
	Current Registered Agent		10. Name and Address of New Registered Agent				
COY, DANIEL 17700 OLD CUTLER ROAD MIAMI FL 33157		82 Stree	Name Street Address (P.O. Box Number is Not Acceptable)				
	247 0500 - 1047 4500 Flythe St	84 City	FL 85				

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		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)									
12.	OFFICERS AND DIRECTORS		13,		ANGES TO OFFIC	JERS AN				
πιξ	PDD	DELETE	1.1 TITLE	160.		•	Change	Addition		
NAME	COY, DANIEL		1.2 NAME	11966 SW 2	Kenneth			.		
STREET ADDRESS	17800 OLD CUTLER RD	!	1.3 STREET ADDRESS	11966 SU &	71 St			· ·		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Naranja	FL 331	<u>032</u>				
TITLE	TD	☐ DELETE	2.1 ππLE	Secretary			☐ Change	Addition		
NAME	CARIO, ANNE		2.2 NAME	Lanese, Be				j		
STREET ADDRESS	16211 SW 100 CT.	_	2.3 STREET ADDRESS	9212 SW 18			_			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	MIAMI FL 3	13157					
TITLE	VPD	DELETE	3.1 TITLE	4			Change	Addition		
NAME	ROBERTS, WES		3.2 NAME					1		
STREET ADDRESS	8520 S.W. 170TH TERRACE		3.3 STREET ADDRESS		•					
CITY-ST-ZIP	MIAM) FL 33157		3.4. CITY-ST-ZIP			<u> </u>	<u> </u>			
TITLE		☐ DELETE	4.1 TITLE				Change	Addition		
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADORESS				•			
CITY-ST-ZIP			4.4 CITY- ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE				Change	Addition		
NAME		ı	5.2 NAME				•	1		
STREET ADDRESS			5.3 STREET ADDRESS	,		, •				
CITY-ST-ZIP			5.4 CITY-ST-ZIP			<u> </u>				
TITLE		DELETE	6.1 TITLE				☐ Change	☐ Addition		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
[64 CITY-ST-7IP	1 , .				- 1		

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:

1-12-99

305-232-1227

FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90172 038 ****61.25

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

Zip Code