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

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:46

DOCUMENT # 717576 (3)

1. Corporation Name
KING OF GLORY LUTHERAN CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4820 FLORAMAR TERRACE<br>% REV. RICHARD G. KROGMANN<br>NEW PORT RICHEY FL 34652 | 4820 FLORAMAR TERRACE<br>% REV. RICHARD G. KROGMANN<br>NEW PORT RICHEY FL 34652 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1969
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-1665750 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 4820 Floramar Ter |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. C/O W M Van O'Linda |
| 23 City & State | 28 City & State New Port Richey, FL |
| 24 Zip / 25 Country | 29 Zip 34652 / 30 Country |

9. Name and Address of Current Registered Agent

BAUER, NORMAN C
6818 MORNINGSUN CT
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name: Mitchell, Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 5911 Seaside
83
84 City: New Port Richey FL 85 Zip Code: 34652

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: Thomas W. Mitchell 1/29/95
Signature, (and if printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | PD | ☐ Change ☐ Addition |
| NAME | BAUER, NORMAN C | 12 NAME | Mitchell, Thomas | |
| STREET ADDRESS | 6818 MORNINGSUN CT | 13 STREET ADDRESS | 5911 Seaside | |
| CITY-ST-ZIP | NEW PORT RICHEY FL | 14 CITY-ST-ZIP | New Port Richey, FL 34652 | |
| TITLE | SD | 21 TITLE | SD | ☐ Change ☐ Addition |
| NAME | BRUNK, ANN | 22 NAME | Hughes, Gladys | |
| STREET ADDRESS | 1330 GULFVIEW WOODS LN | 23 STREET ADDRESS | 4443 Pelorus Drive | |
| CITY-ST-ZIP | TARPON SPRINGS FL | 24 CITY-ST-ZIP | New Port Richey, FL 34652 | |
| TITLE | VD | 31 TITLE | VD | ☐ Change ☐ Addition |
| NAME | SCHURKUS, ROBERT | 32 NAME | Bauer, Norman | |
| STREET ADDRESS | 1517 ROUNDTREE RD | 33 STREET ADDRESS | 6818 Morningsun Ct. | |
| CITY-ST-ZIP | HOLIDAY FL | 34 CITY-ST-ZIP | New Port Richey, FL 34655 | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 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 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 added on an attachment with an asterisk.

SIGNATURE: Thomas W. Mitchell 2/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0007305