## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 717576

(3)

KING OF GLORY LUTHERAN CHURCH, INC.

M. (G.								
Principal Place	Mailing Address			U 190111 10000 11011 10001 01111 1001	Aidt Gibis Orast Osbit Dibi	# B1841 B1911 1884		
4820 FLORAMAR TERRACE % REV. RICHARD G. KROGMANN NEW PORT RICHEY FL 34652		4820 Floramar ter C/O W M van O'Linda New Port Richey Fl 34652 US						
					3. Date Incorporated or Qualified 11/18/1969	3a. Date of Last Report 02/21/1995		
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	FO 4005750		
1		26			39-1003730	Not Applicable  \$8.75 Additional		
Suite, Apt. #, etc. 2 C/O W M Van O'Linda		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee	Fee Required		
City & State		City & State			Trust Fund Contribution			
Zip	Country	Zιρ	Country		· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
4	9. Name and Address of Currer	29	d Agent		Florida Statutes LI Yes LI No  10. Name and Address of New Registered Agent			
	9. Name and Address of Curren	it Hadistelen Adelit		81 Name	TO. TEATHOR AND PAGE 500 CT TOWN			
MITCHELL	THOMAS							
5911 SEA	L, THOMAS		82 Street Add		dress (P.O. Box Number is Not Acceptable)			
	RT RICHEY FL 34652			83				
NEW PO	NI NICHET TE 34002							
				84 City		FL  85  7	Zip Code	
familiar wit	and accept the obligations of, Sec	tion 617.0503, Florida Statute	9 <b>S</b> .		s board of directors. I hereby accept the app	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	TOERS AND DIRECT	IORS IN 12	
TITLE	PD	DELETE		TLE	Change		e 🔲 Addition	
NAME	MITCHELL, THOMAS		1 2 N	AME				
STREET ADDRESS	5911 SEASIDE		1.3 \$	reet address				
CITY - ST - ZIP	NEW PORT RICHEY FL			TY-ST-ZIP				
TITLE	SD			TLE		☐ Change	e 🔲 Addition	
NAME	HUGHES, GLADYS		2 2 N.					
STREET ADDRESS	4443 PELORUS DRIVE NEW PORT RICHEY FL			REE! ADDRESS				
CITY - ST - ZIP	VD DELETE		2 4 C	TLE	VD	<b>⊼d</b> Change	e	
TITLE			32 N		1 V D			
NAME STREET ADDRESS	6818 MORNINGSUN CT			TREET ADDRESS	Appell, Raynor 5719 Mossberg Driv	'e		
CITY -ST - ZIP	NEW PORT RICHEY FL			HTY-ST-ZIP	New Port Richey, F			
TITLE		DELETE	417			☐ Chang	e 🔲 Addition	
NAME			4 2 1	AME				
STREET ADDRESS			43S	TREET ADDRESS				
CITY-ST-ZIP				TY - ST - ZIP				
TITLE		DELETE	51 T	•		☐ Chang	e	
NAME			52 N					
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP TITLE		DELETÉ	54 C	ITY - ST - ZIP		☐ Chang	ge Addition	
NAME			62 N		1	— <b>*</b>		
STREET ADDRESS				TREET ADDRESS				
CITY-ST-7IP			6 4 C	ITY - ST - ZIP				
alal I ala basala	y certify that the information supplied	I with this filing is voluntarily fu	raiched and	done not all	ualify for the exemption stated in Section 119 accurate and that my signature shall have the	1.07(3)(k), Florida Sta	itutes. I further	
certify that oath; that appears ir	t me miormation indicated on this and I am an officer or director of the corp i Block 12 or Block 13 if changed, or	poration or the receiver or trus on an attachment with an ad	tee empowe	red to execu	ute this report as required by Chapter 617, F	Iorida Statutes; and	that my name	

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Oale

Oale

Oale

Oale

21/0/96

CR2E037 (12/95)