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May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mogham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717576** (3)

1. Corporation Name

KING OF GLORY LUTHERAN CHURCH, INC.

Principal Place of Business

**4820 FLORAMAR TERRACE
% W.M. VAN O'LINDA
NEW PORT RICHEY FL 34652
US**

Mailing Address

**4820 FLORAMAR TER
C/O W M VAN O'LINDA
NEW PORT RICHEY FL 34652-3302
US**

3. Date Incorporated or Qualified
11/18/1969

3a. Date of Last Report
02/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1665750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

**MITCHELL, THOMAS
5911 SEASIDE
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81 Name

Appell, Raynor

82 Street Address (P.O. Box Number is Not Acceptable)

5719 Mossberg Dr.

83

84 City

New Port Richey

FL

85 Zip Code

34655

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

Raynor Appell

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/12/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MITCHELL, THOMAS**
STREET ADDRESS **5911 SEASIDE**
CITY - ST - ZIP **NEW PORT RICHEY FL**

TITLE **SD** ☐ DELETE
NAME **HUGHES, GLADYS**
STREET ADDRESS **4443 PELORUS DRIVE**
CITY - ST - ZIP **NEW PORT RICHEY FL**

TITLE **VD** ☐ DELETE
NAME **APPELL, RAYNOR**
STREET ADDRESS **5719 MOSSBERG DRIVE**
CITY - ST - ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **Appell, Raynor**
1.4 CITY - ST - ZIP **5719 Mossberg Dr
New Port Richey, FL 34655** ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **Larson, David**
3.3 STREET ADDRESS **5510 Clipper Court**
3.4 CITY - ST - ZIP **New Port Richey, FL 34652** ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

Raynor Appell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

4/10/97 (813) 372-6467

Date

Daytime Phone # **0067923**

CR2E037 (9/96)