

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 720001 (7)

1. Corporation Name

HOLY CROSS EVANGELICAL LUTHERAN CHURCH, INC., OF
SPRING HILL, FLORIDA

Principal Place of Business

6193 SPRING HILL DRIVE
SPRING HILL FL 34606

Mailing Address

6193 SPRING HILL DRIVE
SPRING HILL FL 34606



3. Date Incorporated or Qualified

01/07/1971

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, WILLIAM M, SR
6257 KIMBALL CT
SPRING HILL FL 34606

81 Name

Ronald P. Garrett

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

6193 Spring Hill Drive

83

84 City

Spring Hill

FL

85 Zip Code
34606

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

Ronald P. Garrett
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent's signature required when reappointing)

DATE

3-20-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☒ DELETE
NAME	JOHNSON, WILLIAM M, SR	
STREET ADDRESS	6257 KIMBALL COURT	
CITY- ST- ZIP	SPRING HILL, FL 00000	
TITLE	VD	☒ DELETE
NAME	DUNSTAN, JESSE	
STREET ADDRESS	9091 DICKENS AVE.	
CITY- ST- ZIP	BROOKSVILLE FL	
TITLE	TD	☐ DELETE
NAME	SLATER, ELSIE	
STREET ADDRESS	300 CANBY CIR	
CITY- ST- ZIP	SPRING HILL FL	
TITLE	SD	☐ DELETE
NAME	DUNSTAN, BETTY J	
STREET ADDRESS	9091 DICKENS AVE.	
CITY- ST- ZIP	BROOKSVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11 TITLE	PD	☐ Change ☒ Addition
12 NAME	Ronald P. Garrett	
13 STREET ADDRESS	6193 Spring Hill Drive	
14 CITY- ST- ZIP	Spring Hill, FL 34606	
21 TITLE	VD	☐ Change ☒ Addition
22 NAME	Elsie Taylor	
23 STREET ADDRESS	6450 Sealawn Drive	
24 CITY- ST- ZIP	Spring Hill, FL 34606	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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:

Elsie H Slater TREAS.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

(352) 683-9016

Date Daytime Phone #

CR2E037 (12/95)

3-25-1996