## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

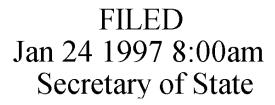
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**(7)** 

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

Principal Place of Business

Mailing Address





6193 SPRING HILL DRIVE SPRING HILL FL 34606		6193 SPRING HILL DRIVE SPRING HILL FL 34806-4633					
					3. Date Incorporated or Qualified 01/07/1971	3a. Date of Last ( 03/25/1)	Report <b>996</b>
	Place of Business	2a. Mailing Address			4. FEI Number 59-1346091	<del>  </del>	pplied For
Suite, Apt	# elc	Suite, Apt. #, etc.			39 1040091	_ CO 75	lot Applicable Additional
22	. ", 010.	27	<u> </u>		5. Certificate of Status Desired	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Required
City & Sta	te	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip			8. This corporation has liability for intangible tax under s. 199.032,		
24				Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
04005	TT DONALD 0		L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Garrett, ronald p 6193 Spring Hill Drive				82 Street Address (P.O. Box Number is Not Acceptable)			
SPRING HILL FL 34606			83	1			
			84	84 City 85 Zip Coc		Code	
44 0	10.00.00	00 1 047 4500 51			La tradicional de la companya de la	FL   "	San Carried Colonial
office or	to the provisions of Sections 617.05 registered agent, or both, in the Stat am familiar with, and accept the oblic	e of Florida. Such change was a	authorized b	v the cord	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing of the appointment as	its registered s registered
SIGNATURE		gallons of, becault of ricood, ric	orna otatut				1
	Signature typed or printed name of registered as	,		ent signature	required when reinstating)	DATE	
12.		ND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	
TITLE NAME	PD GARRETT, RONALD P	C DELETE	1.1 TITLE 1.2 NAME	ĺ	BALL, MARION	☐ criange	"E" AGORIUN
STREET ADDRESS	6193 SPRING HILL DRIVE			T ADDRESS	6434 HOLIDAY DRIVE		
CITY-ST-ZIP	COMMISSION OF THE PARTY OF THE		1.4 CITY -		SPRING HILL, FL 34	606	
TITLE	VO	☐ DELETE 2.1 TI				☐ Change	☐ Addition
NAME	***************************************		2.2 NAME				
STREET ADDRESS			2.3 STREI	T ADDRESS			
CITY - ST - ZIP			2. 4 CITY	ST-ZIP			Addition
TITLE	ID CLATED ELGIE					☐ Change	Addition
NAME EXPECT ADDOCCO	SLATER, ELSIE 300 CANBY CIR		3.2 NAME	T ADDRESS			
STREET ADDRESS CITY - ST - ZIP	SPRING HILL FL		3.4. CITY				
TITLE	SO	DELETE 41T				☐ Change	Addition
NAME	DUNSTAN, BETTY J	AX	4. 2 NAM	Ε			İ
STREET ADDRESS	9091 DICKENS AVE.		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	BROOKSVILLE FL		4.4 CITY	ST-ZIP			
TITLE	<del>-</del>		5.1 T(TLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			•	T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CrTY- 6.1 TrTLE			☐ Change	Addition
NAME		- pectit	6.2 NAME			- Cumillo	rigarial?
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY				
OTT TOT AT			0.10171				

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 agrattachment with an address.

352 683-9016

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-13-97

Daytime Phone # 0066363