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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

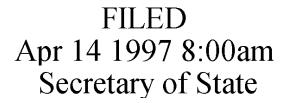
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(7)

ST. JOHN LUTHERAN CHURCH AND SCHOOL OF OCALA, FL ORIDA, INC.

Principal Place of Business

Mailing Address





1915 S.E. LAKE WEIR ROAD OCALA FL. 34471-2498		1915 S.E. LAKE WEIR ROAD OCALA FL, 34471-5424					
					3. Date Incorporated or Qualified 07/08/1971	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	┥	
21		26			59-1367531	Not Applicable	<b>a</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	7
City & State			City & State		E Floation Compaign Financing	<del></del>	4
23		28	28		Election Campaign Financing     Trust Fund Contribution	cing \$5.00 May Be Added to Fees	
Zip	Country	Zip	Coun	try		8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29			Florida Statutes Yes X No		_
	9. Name and Address of Curren	it Hegistered Agent		31 Name	10. Name and Address of New Re	Jistered Agent	4
			ľ	Name			
DEAN, SUSAN 230 N.E. 25TH AVE.			82 Street Add		ddress (P.O. Box Number is Not Acceptable)		7
OCALA FL 34470			Ī	33			
			ļī	34 City	, <sub>191</sub> , e-1	FI 85 Zip Code	7
11. Pursuant to office or reagent. Lar	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig-	12 and 617.1508, Florida of Florida. Such change ations of, Section 617.05	Statutes, the above was authorized 03, Florida Statu	ove-named by the corp tes.	corporation submits this statement for the population's board of directors. I hereby accept		1
SIGNATURE _	<b>_</b>					DATE	
12.	Signature, typed or printed name of registered age OFFICERS AN		(NOTE: Hegislered	Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICE		-16
TITLE	DV	DELE		F	7755770110707171114020 70 01 110	Change Addition	⊣Ş
NAME	NORREGARD, LEON	A	1,2 NA				100
STREET ADDRESS	4 OCALI WAY			EET ADDRESS			3
CITY-ST-ZIP	SUMMERFIELD FL			-ST-ZIP			7
TITLE	DP	X DELE			DP	☐ Change 👿 Acidition	급원
NAME	VANHOOSE, ROBERT	71	2.2 NAM	AE .	Wakeland, Robert		1
STREET ADDRESS	2210 SE 28TH PLACE			EET ADDRESS	3307 SE 6th St.		
CITY-ST-ZIP	OCALA FL			Y-ST-ZIP	Ocala, Fl 34471		
TITLE	DS	DELE			DSV	Change Addition	$\exists$
NAME	DEAN, SUSAN		3.2 NA	ΛE ,	Dean, Susan		
STREET ADDRESS	230 N.E. 25TH AVE.		3.3 \$TR	EET ADDRESS	Jean, Jusun		ı
CITY-ST-ZIP	OCALA FL 34470		3.4. CIT	Y-ST-ZIP			
TITLE	DT	<b>∑X</b> DELE	TE 4.1 TITL	E	DT	Change X Addition	П
NAME	Smith, ruth		4.2 NA	ME	Remus, Doris		
STREET ADDRESS	1617 SW 31ST AVENUE		4.3 STR	EET ADDRESS	809 NE 23rd Ave		1
CITY-ST-ZIP	OCALA FL		4.4 CiT	- ST- ZIP	Ocala, Fl 34470		
TITLE	0	DELE	TE 5.1 TITL	E		Change Addition	
NAME	Barrineau, reggie		5.2 NAA	IE .			
STREET ADDRESS	2550 SE 41ST STREET		5.3 STR	EET ADDRESS			-
CITY-ST-ZIP	OCALA FL			/- ST - ZIP			_]
TITLE		DELE	TE 61 TITU	E		☐ Change ☐ Addition	1]
NAME			6.2 NAM	IE .			
STREET ADDRESS			6.3 STA	EET ADDRESS			1
CITY-ST-ZIP	:			-ST-ZIP		7777	╝
14. I do hereb	by certify that the information supplies	d with this filing does no	t qualify for the e	xemption s	tated in Section 119.07(3)(i), Florida Statutes	s. I further certify that the	

Information indicated on this affinal report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the Information indicated on this affinal 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 porporation or the receivor 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 chapped, or an an attachment with an address.

Robert A. Wakeland