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**May 01, 1999 8:00 am**  
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05-01-1999 90067 017 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 721312

1. Corporation Name

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

Principal Place of Business  
 1915 S.E. LAKE WEIR ROAD  
 OCALA FL 34471-2498

Mailing Address  
 1915 S.E. LAKE WEIR ROAD  
 OCALA FL 34471-2498



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
 07/08/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-1367531

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN, SUSAN  
 230 N.E. 25TH AVE.  
 OCALA FL 34470

81 Name **LaPeer, Russell W**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**445 N.E. 8th Avenue**  
 83  
 84 City **Ocala** FL 85 Zip Code **34470**

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 **Russell W. LaPeer**

*Russell W. LaPeer*

4-29-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
 NAME WAKELAND, ROBERT  
 STREET ADDRESS 3307 SE 6TH ST.  
 CITY-ST-ZIP OCALA FL

1.1 TITLE  Change  Addition  
 1.2 NAME **DP LaPeer, Russell W**  
 1.3 STREET ADDRESS **2605 S.E. 15th Street**  
 1.4 CITY-ST-ZIP **Ocala, FL 34471**

TITLE DSV  DELETE  
 NAME DEAN, SUSAN  
 STREET ADDRESS 230 N.E. 25TH AVE.  
 CITY-ST-ZIP OCALA FL

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

TITLE DT  DELETE  
 NAME REMUS, DORIS  
 STREET ADDRESS 809 NE 23RD AVE  
 CITY-ST-ZIP OCALA FL

3.1 TITLE  Change  Addition  
 3.2 NAME **DT Kiser, William**  
 3.3 STREET ADDRESS **3785 S.E. 59th Place**  
 3.4 CITY-ST-ZIP **Ocala, FL 34480**

TITLE D  DELETE  
 NAME VANHOOSE, ROBERT  
 STREET ADDRESS 2210 SE 28TH PL  
 CITY-ST-ZIP OCALA FL

4.1 TITLE  Change  Addition  
 4.2 NAME **DS Bickart, Charles**  
 4.3 STREET ADDRESS **4364 S.E. 108th Lane**  
 4.4 CITY-ST-ZIP **Belleview, FL 34421**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE: **Russell W. LaPeer**

4-29-99

352-732-8623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)