FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728565 (3)

1. Corporation Name

LIVING WORD LUTHERAN CHURCH (ELCA) OF LANTANA, F LORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2116 LANTANA RD. LANTANA FL 33462	2116 LANTANA RD. LANTANA FL 33462

3. Date Incorporated or Qualified: 01/09/1974
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1510313 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25 PALM BCH	Zip 29 / Country 30 PALM BCH

9. Name and Address of Current Registered Agent

BEITER, JEFFREY
224 GLENEAGLE DR
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☒ Change ☐ Addition
NAME	MARTIN, SHARON	1.2 NAME	
STREET ADDRESS	3811 CHICKASHA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	1.4 CITY-ST-ZIP	ZIP 33462-2205
TITLE	TD	2.1 TITLE	☒ Change ☐ Addition
NAME	MCCRADY, JUDITH	2.2 NAME	
STREET ADDRESS	318 W. MANGO ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	ZIP 33462-2835
TITLE	VD	3.1 TITLE	PD ☒ Change ☐ Addition
NAME	BEITER, JEFFREY	3.2 NAME	
STREET ADDRESS	224 GLENEAGLE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	3.4 CITY-ST-ZIP	ZIP 33462-6610
TITLE	PD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	PIERCE, HARLAN	4.2 NAME	BUTLER, MICHAEL
STREET ADDRESS	1200 W PINE ST	4.3 STREET ADDRESS	3906 NOWATA ROAD
CITY-ST-ZIP	LANTANA FL	4.4 CITY-ST-ZIP	LANTANA FL 33462-2230
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: JUDITH A. McCRADY TREAS. Judith A. McCrady 3/26/94 (407) 588-8148
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0010797