

# 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 # 729541 (3)**

1. Corporation Name

**PEACE EVANGELICAL LUTHERAN CHURCH OF FORT LAUDERDALE, FLORIDA, INC., THE LUTHERAN CHURCH - MISSO**



Principal Place of Business

Mailing Address

**1901 E. COMMERCIAL BLVD.  
FORT LAUDERDALE FL 33308**

**1901 E. COMMERCIAL BLVD.  
FORT LAUDERDALE FL 33308**

3. Date Incorporated or Qualified

**05/03/1974**

3a. Date of Last Report

**04/07/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-1235846**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22  
City & State

27  
City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23  
Zip

Country

28  
Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINN, ALTON  
1500 E. ATLANTIC BLVD  
POMPAHO BEACH FL 33060**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LANGER, ERNEST	
STREET ADDRESS	5524 SW 9 STR	
CITY-ST-ZIP	MARGATE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LINN, ALTON A JR	
STREET ADDRESS	1500 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPAHO BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BIGGERSTAFF, THOMAS W	
STREET ADDRESS	3605 NW 17TH WAY	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GEBLER, KEITH	
STREET ADDRESS	2601 NE 5TH ST	
CITY-ST-ZIP	POMPAHO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	David Edstrom	
13 STREET ADDRESS	1935 NE 45 ST.	
14 CITY-ST-ZIP	Ft. Lauderdale FL 33334	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alton A. Linn*

*1-28-96*

*942-6500*

Date

Daytime Phone #

CR2E037 (12/95)