

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 # 730627 (7)
1. Corporation Name
MESSIAH LUTHERAN CHURCH, INC. OF GOLDEN GATE



Principal Place of Business
**5800 GOLDEN GATE PKWY
NAPLES FL 33999-4459**

Mailing Address
**5800 GOLDEN GATE PKWY
NAPLES FL 33999-4459**

3. Date Incorporated or Qualified
09/03/1974

3a. Date of Last Report
01/27/1995

4. FEI Number
59-0703655

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**

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

2. Principal Place of Business
21 **5800 Golden Gate Pkwy**

2a. Mailing Address
26 **5800 Golden Gate Pkwy.**

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23 **Naples, FL**

City & State
28 **Naples, FL**

Zip
24 **33999**

Country
25 **Collier**

Zip
29 **33999**

Country
30 **Collier**

9. Name and Address of Current Registered Agent

**GLASSON, GERALD
4850 BERKELEY DRIVE
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81 Name
JAMES TRACY

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

83
NAPLES, FL 33962

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 *James L. Tracy* **2/19/96**
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	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKI, ELAINE R	1.2 NAME	
STREET ADDRESS	3690-15TH AVE SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSON, G.H.	2.2 NAME	TRACY, JAMES
STREET ADDRESS	4850 BERKELEY DRIVE	2.3 STREET ADDRESS	211 BAMBOO DRIVE
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 33962
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYE, ROBERT E	3.2 NAME	
STREET ADDRESS	4184 23RD PLACE S.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSON, SUE	4.2 NAME	HERING, OTTO
STREET ADDRESS	4850 BERKELEY DRIVE	4.3 STREET ADDRESS	2698 55th TERR., SW - Apt. B
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL 33999
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *James L. Tracy* **2/19/96** **941) 793-3097**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)