## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

96/6)

01/18/97 Daytime Phone # 0060185

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CITY-ST-ZIP

730627

## MESSIAH LUTHERAN CHURCH, INC. OF GOLDEN GATE

Principal Place of Business Mailing Address 5800 GOLDEN GATE PKWY 5800 GOLDEN GATE PKWY NAPLES FL 34116-7459 NAPLES FL 33999-4459 Date Incorporated or Qualified 09/03/1974 3a. Date of Lest Report 02/28/1996 4. FEI Number 59-0703655 2. Principal Place of Business 2a. Mailing Address Applied For 5800 Golden Gate Pkwy 5800 Golden Gate Pkwy 21 26 ✗ Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Naples FL 23 26 Naples FI Trust Fund Contribution Added to Fees Country Zφ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 450 25 USA 29 34116--9. Name and Address of Current Registered Agent Florida Statutes 34116-7450 10. Name and Address of New Registered Agent 81 TRACY, JAMES 82 Street Address (P.O. Box Number is Not Acceptable) 211 BAMBOO DRIVE 83 NAPLES FL 33962 84 City Zip Code 85 FI 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. z SIGNATURE James Tracy President
Signature typed or printed ribrie of registered agent and title if applicable. 01/18/97 (NOTE: Registered Agent signature required whea reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 \_\_\_ Addition TITLE DELETE 1.1 TITLE Change MAKI, ELAINE R NAME 12 NAME 3690-15TH AVE SW STREET ADDRESS 1.3 STREET ADDRESS NAPLES, FL 00000-1.4 CITY - ST - ZIP Naples FL 34117-5355 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE TRACY, JAMES NAME 2.2 NAME 211 BAMBOO DRIVE STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Naples FL 34112-5775 X DELETE Change Addition TITLE 3.1 TITLE Vice President -FRYE, ROBERT E--NAME 3.2 NAME Edgar Feddersen 4184-29RD PLACE S.W. STREET ADDRESS 3.3 STREET ADDRESS 15 Moorhead Manor NAPLES FL-83999 3.4. CITY-ST-ZIP CITY-ST-ZIP Naples FL 34112 **DELETE** Addition 4.1 TITLE TITLE Treasurer HERING: OTTO 4. 2 NAME NAME John Gifford 2698 55TH TERRACE SW APT B STREET ADDRESS 4.3 STREET ADDRESS 441 20th Ave N.E. NAPLES FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Naples FL 34120 Change DELETÉ 5.1 TITLE Addition TITLE 5.2 NAME NAME STREET AODRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-\$1-ZIP

14. I do 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.

James Tracy, President COM