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 # **732568** **(1)**

1. Corporation Name

ST. PAUL'S EVANGELICAL LUTHERAN CHURCH, INC.

Principal Place of Business	Mailing Address
6150 N. LECANTO HIGHWAY BEVERLY HILLS FL 34465 US	6150 N. LECANTO HIGHWAY BEVERLY HILLS FL 34465 US

3. Date Incorporated or Qualified: **04/25/1975**
3a. Date of Last Report: **04/20/1995**

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

4. FEI Number: **59-1552671** ☐ 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

9. Name and Address of Current Registered Agent

JOHNSTON, REV ROBERT G
6150 N. LECANTO HIGHWAY
BEVERLY HILLS FL 34465

10. Name and Address of New Registered Agent

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 _____ 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	TD	☒ DELETE	1.1 TITLE	T/D	☒ Change ☐ Addition
NAME	CLAUSS, JULIAN		1.2 NAME	HAMBEL, MARTIN	
STREET ADDRESS	7605 E BROYHILL PL		1.3 STREET ADDRESS	2097 N. WATERSEDGE DR.	
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP	CRYSTAL RIVER, FLORIDA 34429	
TITLE	SD	☒ DELETE	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	JOHNSTON, PETER		2.2 NAME	HAMBEL, JOHN	
STREET ADDRESS	39 S. TYLER ST.		2.3 STREET ADDRESS	9297 N. KATHLEEN TR.	
CITY-ST-ZIP	BEVERLY HILLS FL		2.4 CITY-ST-ZIP	DUNNELLON, FLORIDA 34433	
TITLE	PD F	☒ DELETE	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	FONJALLAZ, ROBERT		3.2 NAME	PENNO, ADOLPH	
STREET ADDRESS	202 S. JEFFERY STREET		3.3 STREET ADDRESS	9280 N. ELLIOT WAY	
CITY-ST-ZIP	BEVERLY HILLS FL		3.4 CITY-ST-ZIP	CITRUS SPRINGS, FLORIDA 34434	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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.

X SIGNATURE: Martin Hambel MARTIN HAMBEL, TREAS./DIR 4/15/96 352-489-3027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #