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# Mar 24 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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<br>BEVERLY HILLS FL 34465<br>US | 6150 N. LECANTO HIGHWAY<br>BEVERLY HILLS FL 34465-2507<br>US |

3. Date Incorporated or Qualified: **04/25/1975**
3a. Date of Last Report: **04/18/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 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: REV. ROBERT G. JOHNSTON, PASTOR — Robert G. Johnston — MARCH 20, 1997
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 | TD | ☐ DELETE | 1.1 TITLE | STD | ☒ Change ☐ Addition |
| NAME | HAMBEL, MARTIN | | 1.2 NAME | | |
| STREET ADDRESS | 2097 N WATERSEDGE DR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | SD | ☒ DELETE | 2.1 TITLE | D | ☒ Change ☒ Addition |
| NAME | HAMBEL, JOHN | | 2.2 NAME | HARMS, DANIEL | |
| STREET ADDRESS | 9297 N KATHLEEN TR | | 2.3 STREET ADDRESS | 2803 E. BUCK CT. | |
| CITY-ST-ZIP | DUNNELLON FL | | 2.4 CITY-ST-ZIP | INVERNESS, FLORIDA 34452 | |
| TITLE | PD | ☒ DELETE | 3.1 TITLE | PD | ☒ Change ☒ Addition |
| NAME | PENNO, ADOLPH | | 3.2 NAME | KRZEMINSKI, LEO | |
| STREET ADDRESS | 9230 N ELLIOT WAY | | 3.3 STREET ADDRESS | 1419 S. CHATSWORTH PT. | |
| CITY-ST-ZIP | CITRUS SPRINGS FL | | 3.4 CITY-ST-ZIP | LECANTO, FLORIDA 34461 | |
| 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 (9/96)

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.

**SIGNATURE:** MHambel MARTIN HAMBEL SECRETARY — 3-20-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0065495