FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

732829

(7)

ST. MATTHIAS LUTHERAN CHURCH OF CLEARWATER, FLOR IDA. INC.

10/13 114	•				
Principal Place	of Business	Mailing Address		I INDICH FORDE CLIEN LIDER LIDIUR LIBER	DES MINST MENTE MENTE MÉMIC NINDE MENTE ANNI
2751 SUNSET POINT ROAD CLEARWATER FL 34619 2751 SUNSET POINT R CLEARWATER FL 34619					
				3. Date Incorporated or Qualified 05/22/1975	3a. Date of Last Report 04/06/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number 07-5075143	Applied For
21]	II aka	26 Cuito Ant # sto		07 3073 143	Not Applicable
Suite, Apt. #	# , e tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30	Tionab blotated	Yes M No
	9. Name and Address of Current	t Registered Agent	Dd Name	10. Name and Address of New Re	gistered Agent
			81 Name .	THE SHOPE IN	CKSON DONALD B.
HENWOOD, DAVID			82 Street Ac	idress (P.O. Box Number is Not Acceptable	
2302 EATON COURT					
SAFETY	HARBOR FL 34695		240	D FEATHER SOUND DA	#337
			84 City	LEARWATER	FL 85 Zip Code
11 Pursuant to	o the provisions of Sections 617 0502	and 617 1508. Florida Statute	o the above period core	poration submits this statement for the num	nee of changing its registered office
or registere	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	da. Such change was authorize on 617.0503, Florida Statutes.	ed by the corporation's bo	pard of directors. I hereby accept the appoi	ntment as registered agent. I am
SIGNATURE _	Signature, typed or priviled name of registered agent a	TREASUR	E/- TE: Repistered Agent signaturu regu	ured when reinstating)	3/10/96
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
TITLE	PD	DELETE	1.1 TITLE	Q4	M Change ☐ Addition
NAME	HENWOOD, DAVID		1.2 NAME	ZANK, SANDRA	
STREET ADDRESS	2302 WATON COURT		1.3 STREET ADDRESS	2771 (AMDEN PS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY-ST-ZIP	CHARWATER FL 3-1619	
TITLE	VD	≥ DELETE	2.1 TITLE	VD TOCE	Change
NAME	JOHNSON, DORIS		22 NAME	Kult, JEFF	
STREET ADDRESS	2450 CANADIAN WAY #40			1428 SANDALWOUS DR	
CITY-ST-ZIP	CLEARWATER FL	N DOCUETE		DINEDIN FL 34148	Change Addition
TITLE	SD	∑ DELETE		SD ANTHONY. DERUTHY	S change D Addition
NAME	KOCH, ELIZABETH			JUS LUTUS DR.	
STREET ADDRESS	1429 SANDALWOOD DR		500111211112011200	SAFETY HARRER FL 34	LOT
CITY-ST-ZIP TITLE	DUNEDIN FL	DELETE	3 4. CITY - ST - ZIP 4 1 TITLE	TD	Change Addition
NAME	1		E I		
STREET ADDRESS			4.3 STREET ADDRESS	ERICKSON, DONALD 1400 FEATHER SUND DR	. #317
CITY-ST-ZIP			4.4 CITY - ST-ZIP	CLEARWATER FZ 3416	
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	and if that the information and it is	with this filing is untimedial from	6.4 City-St-ZiP	fy for the exemption stated in Section 119.0	7/3\/\d Florida Statutos I further
certify that oath; that	t the information indicated on this appu	ual report or supplemental anni iration or the receiver or truste	ual report is true and acci e empowered to execute	ry for the exemption stated in Section 1192, urate and that my signature shall have the s this report as required by Chapter 617, Flo	ame legal effect as it made under - L
SIGNAT	URE: Inaly Bloom	Free NAME OF SIGNING OFFICE	EASIPEP—	3/10/96	8/3 2 29 C 22 Daytine Prone I