FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90033 042 ****61.25

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DOCUMENT # **732829**

1. Corporation Name

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

Principal Place of Business	Mailing Address
2751 SUNSET POINT ROAD CLEARWATER FL 33759 US	2751 SUNSET POINT ROAD CLEARWATER FL 33759 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	05/22/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 07-5075143 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ERICKSON, DONALD B. 13714 MARSEILLES CT CLEARWATER FL 34622	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	PD ☐ DELETE	1.1 TITLE	PD XX Change ☐ Addition
NAME	KOCH, JEFF	1.2 NAME	Henwood, Helen
STREET ADDRESS	1428 SANDALWOOD DRIVE	1.3 STREET ADDRESS	2302 Eaton Court
CITY-ST-ZIP	DUNEDIN FL 34619	1.4 CITY-ST-ZIP	Safety Harbor, Fl 34695
TITLE	VD ☐ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	HENWOOD, HELEN	2.2 NAME	Anderson, Dorothy
STREET ADDRESS	2302 EATON COURT	2.3 STREET ADDRESS	205 Lotus Drive
CITY-ST-ZIP	SAFETY HARBOR FL 34695	2.4 CITY-ST-ZIP	Safety Harbor, Fl 34695
TITLE	SD ☐ DELETE	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	ANTHONY, DOROTHY	3.2 NAME	Kloczkowski, Lynn
STREET ADDRESS	205 LOTUS DRIVE	3.3 STREET ADDRESS	3030 Homestead Court
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	Clearwater, Florida 33759
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ERICKSON, DONALD	4.2 NAME	
STREET ADDRESS	13714 MARSEILLES CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Dorothy L. Anderson 4/21/99 727 726-5290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #