

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733441 (0)
1. Corporation Name
MARCO LUTHERAN CHURCH, INC. OF MARCO ISLAND



Principal Place of Business 525 N COLLIER BLVD MARCO ISLAND FL 33937	Mailing Address 525 N COLLIER BLVD MARCO ISLAND FL 34145-1949
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3. Date Incorporated or Qualified 07/28/1975	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-6561840	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**GREUSEL, JAMIE
364 BALI
MARCO ISLAND FL 33937**

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
34145

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 _____
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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAWTON, JACK		1.2 NAME Rodney Nickander	
STREET ADDRESS 224 PALMETTO DUNES CIRCLE		1.3 STREET ADDRESS 812 Hideaway Cr. E #123	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP Marco Island, FL 34145	
TITLE DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KOHL, MARGARET		2.2 NAME	
STREET ADDRESS 87 N COLLIER BLVD J11		2.3 STREET ADDRESS	
CITY-ST-ZIP MARCO ISLAND FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHULZ, KAREN		3.2 NAME	
STREET ADDRESS 1080 GAYER WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP MARCO ISLAND FL		3.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICKANDER, RODNEY		4.2 NAME Nicholas Eckerle	
STREET ADDRESS 591 SEAVIEW CT A508		4.3 STREET ADDRESS 1401 Salvatore Ct.	
CITY-ST-ZIP MARCO ISLAND FL		4.4 CITY-ST-ZIP Marco Island, FL 34145	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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.

SIGNATURE *[Handwritten Signature]* _____
Karon L. Schulz 4/18/97 041 201 5155

CR2E037 (9/96)