## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 733441

1. Corporation Name

## MARCO LUTHERAN CHURCH, INC. OF MARCO ISLAND

Principal Place of Business 525 N COLLIER BLVD MARCO ISLAND FL 34145

2. Principal Place of Business

Suite, Apt. #, etc.

21

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Mailing Address

525 N COLLIER BLVD MARCO ISLAND FL 34145

2a. Mailing Address

Suite, Apt. #, etc.

US

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27



02-10-1999 90045 022 \*\*\*\*61.25

|--|

3. Date Incorporated or Qualifed

07/28/1975

59-6561840

FEI Number

City & State		City & State	City & State		5. Certifcate of Status Desired	¬ \$8.75 A	\$8.75 Additional	
23		28			3. Certificate of Status Desired	☐ Fee Red	quired	
Zip	Country	Zip	Country		6. Election Campaign Financing	□ \$5.00 i	May Be	
24			0		Trust Fund Contribution	Added to	o Fees	
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent			10. Name and Address of New Re	gistered Agent		
			81	Name	•			
GREUSEL JAMIE				Street Ar	ddress (P.O. Box Number is Not Acceptate	NA)		
364 BALI				Ollocka	duress (1.0. box Humber is Hot Acceptat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MARCO ISLAND FL 34145								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ ;		0.4	City		0=   7:- C	· · · · · · · · · · · · · · · · · · ·	
1	r f v ch	•	84	City	,	FL 85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the above	e-named co	orporation submits this statement for the p	urpose of changing its	registered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was aut tions of Section 617 0503. Florid	horized by	the corpora	ation's board of directors. I hereby accept	the appointment as reg	istered	
•		10115 01, COGGOTT 0 11.0000, 1 10110	30 01010103	•		A STATE OF THE STA		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	Registered Agen	t signature requ	uired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		\$	☐ Change	Addition	
NAME	ECKERLE, NICHOLAS		1.2 NAME	İ	•			
STREET ADDRESS	1401 SALVADOR CT		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MARCO ISLAND FL 34145		1.4 CITY-ST	r-ZIP				
TITLE	DS	☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME	KOHL, MARGARET		2.2 NAME					
STREET ADDRESS	87 N COLUER BLVD J11		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MARCO ISLAND FL		2. 4 CITY-S					
TITLE	TD	☐ DELETE	3.1 TITLE	1-21		☐ Change	Addition	
NAME	UHL, WILFRED		3.2 NAME	1		_ · ·	_	
STREET ADDRESS	133 VINTAGE BAY DR #6		3.3 STREET	ADORESS				
CITY-ST-ZIP	MARCO ISLAND FL 34145					* .		
TITLE	VPD	☐ DELETE	3.4. CITY-S' 4.1 TITLE	1-211		☐ Change	☐ Addition	
NAME	PLATH, KARL	_	4. 2 NAME					
STREET ADDRESS	220 S COLLIER BLVD #406		4.3 STREET	AUDDESS			27	
CITY-ST-ZIP	MARCO ISLAND FL 34145		4.4 CITY-ST					
TITLE	Wallow Indiana is a state of the	☐ DELETE	5.1 TITLE	- 215	*	Change	☐ Addition	
NAME			5.2 NAME		• .		٠,٠٠٠٠٠٠٠	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP	,.		5.4 CITY-ST		-			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADORESS				
CITY-ST-7IP			64 CITY-ST		•	•		

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** 

9416423456

Applied For

Not Applicable