

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 734139 (9)

1. Corporation Name

SAINT MATTHEW LUTHERAN CHURCH OF PENSACOLA, FLORIDA, INC.



700001767627
-04/03/96--01016--018

Principal Place of Business: 7049 PENSACOLA BLVD. PENSACOLA FL 32505-1223
Mailing Address: 7049 PENSACOLA BLVD. PENSACOLA FL 32505-1223

3. Date of Incorporation or Qualified: 10/23/1975
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23
24 Zip: 25 Country: 29

4. FEI Number: 23-7084863
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
**LAMAR, ANGELA F.
7049 PENSACOLA BLVD
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **2220 N. DAVIS STREET**
83
84 City: **FL** 85 Zip Code: **32503**

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: **ANGELA F. LAMAR** **TREASURER** 1-29-96
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	T <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER: (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAR, ANGELA	1.2 NAME	ANGELA F. LAMAR
STREET ADDRESS	2220 N. DAVIS ST.	1.3 STREET ADDRESS	2220 N. DAVIS STREET
CITY-ST-ZIP	PENSACOLA FL 32503-3858	1.4 CITY-ST-ZIP	PENSACOLA, FL 32503-3858
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	SAME (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES P	2.2 NAME	
STREET ADDRESS	7049 PENSACOLA BLVD 8595 UNTREINER AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000 32534	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT: (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JAMES W	3.2 NAME	MARILYN WESLEY (D)
STREET ADDRESS	2104 WELCOME CIRCLE	3.3 STREET ADDRESS	1316 EAST CROSS STREET
CITY-ST-ZIP	CANTONMENT FL 32533	3.4 CITY-ST-ZIP	PENSACOLA, FLA 32503
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT: (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLEY, MARILYN	4.2 NAME	WILLIAM GULLEY (D)
STREET ADDRESS	1316 E. CROSS ST.	4.3 STREET ADDRESS	6282 FERGUSON DRIVE
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SECRETARY: (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSTON, JOHNETTA C	5.2 NAME	SONDRA HILL (D)
STREET ADDRESS	388 HANCOCK LANE	5.3 STREET ADDRESS	4805 BIRCHWOOD PLACE
CITY-ST-ZIP	PENSACOLA FL 32503	5.4 CITY-ST-ZIP	PENSACOLA, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	FINANCIAL SECRETARY: (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MYRA LIGHTNER (D)
STREET ADDRESS		6.3 STREET ADDRESS	2083 LONGLEAF DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PENSACOLA, FL 32523

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Angela F. Lamar** **ANGELA F. LAMAR** 1-29-96 (904) 968-9522 EXT. 1118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

9/2-96