

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED  
 Aug 11 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 # 734139 (9)**

1. Corporation Name  
**SAINT MATTHEW LUTHERAN CHURCH OF PENSACOLA, FLORIDA, INC.**

Principal Place of Business 7049 PENSACOLA BLVD. PENSACOLA FL 32505-1223	Mailing Address 7049 PENSACOLA BLVD. PENSACOLA FL 32505-1223
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		28		10/23/1975		04/02/1996	
22		27		4. FEI Number		Applied For	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		23-7084863		Not Applicable	
23		28		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

DO NOT WRITE IN THIS SPACE

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAMAR, ANGELA F. 2220 N. DAVIS STREET PENSACOLA FL 32503				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL 32533			

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 *Pamela W. McSwain* (Pamela W. McSwain, Treasurer) 7-31-97

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LAMAR, ANGELA		1.2 NAME	Pamela W. McSwain			
STREET ADDRESS	2220 N. DAVIS ST.		1.3 STREET ADDRESS	933 Broken Arrow Lane			
CITY-ST-ZIP	PENSACOLA FL 32503-3858		1.4 CITY-ST-ZIP	Cantonment, FL 32533			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BROWN, JAMES P		2.2 NAME				
STREET ADDRESS	8585 UNTREINER AVENUE		2.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32534		2.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WESLEY, MARILYN		3.2 NAME				
STREET ADDRESS	1316 EAST CROSS STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32503		3.4 CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice-President/Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GULLEY, WILLIAM		4.2 NAME	Patrick Beauford			
STREET ADDRESS	6282 FERGUSON DRIVE		4.3 STREET ADDRESS	8180 Stonebrook Drive, Apt. B			
CITY-ST-ZIP	PENSACOLA FL 32503		4.4 CITY-ST-ZIP	Pensacola, FL 32514			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HILL, SONDR		5.2 NAME	William D. Gulley			
STREET ADDRESS	4805 BIRCHWOOD PLACE		5.3 STREET ADDRESS	6282 Ferguson Drive			
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	Pensacola, FL 32503			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Financial Secretary/Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LIGHTNER, MYRA		6.2 NAME	Alford Marshall			
STREET ADDRESS	2083 LONG LEAF DRIVE		6.3 STREET ADDRESS	1340 Portland Street			
CITY-ST-ZIP	PENSACOLA FL 32523		6.4 CITY-ST-ZIP	Pensacola, FL 32514			

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 *M. McSwain* SIGNATURE *ALFORD MARSHALL* 7-31-97 950-470-6315

CR2E037 (4/97)