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Mar 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 736743 (6)

1. Corporation Name

MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGUSTINE, FLORIDA, INC.



Principal Place of Business

Mailing Address

3375 US #1 SOUTH
P.O. BOX 1034
ST AUGUSTINE FL 32085

3375 US #1 SOUTH
P.O. BOX 1034
ST AUGUSTINE FL 32085-1034

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/02/1976

3a. Date of Last Report
04/11/1996

4. FEI Number
59-2311622

Applied For
Not Applicable

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

10. Name and Address of New Registered Agent

UPCHURCH, HAMILTON D.
% UPCHURCH, BAILEY & UPCHURCH, ATTYS.
ATLANTIC BANK BLDG.
ST. AUGUSTINE FL 32084

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	CHAPMAN, JOHN	
STREET ADDRESS	4212 OAK LANE	
CITY-STATE-ZIP	ST AUGUSTINE FL	
TITLE	T	☐ DELETE
NAME	BARNARD, NANCY J.	
STREET ADDRESS	2884 KINGS RD	
CITY-STATE-ZIP	ST AUGUSTINE, FL 0	
TITLE	FS	☐ DELETE
NAME	MOORE, FRAN	
STREET ADDRESS	3 MATANZAS CIRCLE	
CITY-STATE-ZIP	ST AUGUSTINE, FL 0	
TITLE	SD	☐ DELETE
NAME	STANGLE, STEVEN L.	
STREET ADDRESS	135 DELTONA BLVD	
CITY-STATE-ZIP	ST AUGUSTINE FL	
TITLE	PD	☐ DELETE
NAME	PREUSS, JOHN	
STREET ADDRESS	443 SEGOVIA RD	
CITY-STATE-ZIP	ST AUGUSTINE FL	
TITLE		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

Nancy J. Barnard
Nancy J. Barnard
Trans. 3-10-97 904-824-2881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #0001393

CR2E037 (9/96)