## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

736743

(6)

MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGU STINE ELORIDA INC.

**FILED** Apr 17 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address			al milits militi minte Billet Militi anni
3375 US #1 S	OUTH	3375 US #1 SOUTH		3. Date Incorporated or Qualified	
P.O. BOX 1994				09/02/1976	
ST AUGUSTINE FL-92005- ST AUGUSTINE FL-92005-			•	4. FEI Number	Applied For
				59-2311622	Not Applicable
		28. Mailing Address 28 3375 U.S.	#1, South	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		20 S.T. Jugustine, FL		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zin -	Country	8. This corporation owes or has paid the	current year Intangible
24	25	20 32086	30 ×1. 20003	Personal Property Tax due June 30.	Yes Z No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Register	red Agent
			81 Name		
	UPCHURCH, HAMILTON D.			ress (P.O. Box Number is Not Acceptable)	
	HURCH, BAILEY & UPCHURCH TIC BANK BLDG.	I, ATTYS.	83		·
	BUSTINE FL 32084				
31. AUG	3031ME PL 32004		64 City		25 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617,1508, Florida Statu	tes, the above-named cor		
office or r	registered agent, or both, in the Sta	ate of Florida, Such change was	authorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
	in tarima with and accept the obt	iligations of, obtained or accept, r	OTO CIALUIDS.		
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating) DAT	TÉ .
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	VD	<b>☑</b> DELETE	1.1 TITLE	P B. 46	✓ Change
NAME	CHAPMAN, JOHN		12 NAME	OCERT COETTE	
STREET ADDRESS	4212 OAK LANE		1.3 STREET ADDRESS	DOERT BOEHE 12 12 55. T. Augustna, FL	82024
CITY - ST - ZIP	ST AUGUSTINE FL			1. Hugustina, Th	
TITLE	T DADAMAGO MANGO A	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARNARD, NANCY J.		2.2 NAME		
STREET ADDRESS	2884 KINGS RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 0	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	MOORE, FRAN		3.1 TIFLE 3.2 NAME		Thomas Theorem
STREET ADORESS	3 MATANZAS CIRCLE		3.2 NAME 3.3 STREET ADDRESS		1
CITY-ST-ZIP	ST AUGUSTINE, FL 0	_	3.4. CITY-ST-ZIP		_
TITLE	SD SD	DELETE	4.1 TITLE 5	Δ //	Change Addition
NAME	STANGLE, STEVEN L.		نيخ المستنا	ereia Kuen	
STREET ADDRESS	135 DELTONA BLVD		4.3 STREET ADDRESS 3	632 Lone WOLF TO	₹.
CITY-ST-ZIP	ST AUGUSTINE FL	,	4.4 CITY-ST-ZIP	C32 LONE WORF TO T. ALCOUSTINE, FL.	32086
TITLE	PD	DELETE	5.1 TITLE	Δ ,	Change Addition
NAME	PREUSS, JOHN		5.2 NAME	anes Leewe C	ا ،
STREET ADDRESS	443 SEGOVIA RD		5.3 STREET ADDRESS 3	643 FT. PEYTON C	ε.
CITY-ST-ZIP	ST AUGUSTINE FL		5.4 CITY-ST-ZIP	1. Augustine, FL	32086
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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.

GNATURE:

### 4-13-98

GNATURE:

904-824-2881