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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # 737121 (4)

1. Corporation Name

SAINT STEPHEN'S UNITED LUTHERAN CHURCH OF TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2198 NORTH MERIDIAN ROAD TALLAHASSEE FL 32303-5062	2198 NORTH MERIDIAN ROAD TALLAHASSEE FL 32303-5062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/25/1976**
3a. Date of Last Report: **04/27/1994**
4. FEI Number: **59-1688449** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RANZINGER, GARY G. 2110 WILDRIDGE DR TALLAHASSEE FL 32303	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HARTUNG, RONALD	12 NAME	
STREET ADDRESS	6754 WALDEN CIR.	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	RANZINGER, GARY G.	22 NAME	
STREET ADDRESS	2110 WILDRIDGE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, MARK S.	32 NAME	
STREET ADDRESS	3486 TORCHMARK LANE	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	BUCHANAN, JENNIFER	42 NAME	
STREET ADDRESS	1907 NANTICOKE CIR.	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, SUE A.	52 NAME	
STREET ADDRESS	2910 MORNINGSIDE DR	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	
TITLE	MD	61 TITLE	☐ Change ☐ Addition
NAME	HINGST, EMORY A	62 NAME	
STREET ADDRESS	1507 PAYNE ST	63 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	64 CITY-ST-ZIP	

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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)(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: Sue A. Williams 4/28/95 385-2728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027124