FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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 TALLAH ASSEE, FLORIDA

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

3. Date Incorporated or Qualified: **10/25/1976**
3a. Date of Last Report: **05/01/1995**

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

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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RANZINGER, GARY G.
2110 WILDRIDGE DR
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: M. Jean Isenberg
82 Street Address (P.O. Box Number is Not Acceptable): 3304 Clifden Drive
83
84 City: Tallahassee **FL** 85 Zip Code: 32308

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: M. Jean Isenberg M. Jean Isenberg, PD 4-5-96
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	D	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HARTUNG, RONALD		1.2 NAME	Twedt, Alexander	
STREET ADDRESS	6754 WALDEN CIR.		1.3 STREET ADDRESS	1061 Epping Forest Drive	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, Fl 32311	
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	RANZINGER, GARY G.		2.2 NAME	Isenberg, M. Jean	
STREET ADDRESS	2110 WILDRIDGE DRIVE		2.3 STREET ADDRESS	3304 Clifden Drive	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		2.4 CITY-ST-ZIP	Tallahassee, Fl 32308	
TITLE	D	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MITCHELL, MARK S.		3.2 NAME	Radius, Lesley	
STREET ADDRESS	3486 TORCHMARK LANE		3.3 STREET ADDRESS	2409 Gothic Drive	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	Tallahassee, Fl 32303	
TITLE	VD	☒ DELETE	4.1 TITLE	V	☒ Change ☐ Addition
NAME	BUCHANAN, JENNIFER		4.2 NAME	Dowd, Donald	
STREET ADDRESS	1907 NANTICOKE CIR.		4.3 STREET ADDRESS	718 E. College Avenue	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		4.4 CITY-ST-ZIP	Tallahassee, Fl 32301	
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, SUE A.		5.2 NAME		
STREET ADDRESS	2910 MORNINGSIDE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HINGST, EMORY A		6.2 NAME		
STREET ADDRESS	1507 PAYNE ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Emory A. Hingst Emory A. Hingst 4/5/96 385-2738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #