

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90027 016 ****61.25

DOCUMENT # 737121

1. Corporation Name

SAINT STEPHEN'S UNITED LUTHERAN CHURCH OF TALLAHASSEE, FLORIDA

Principal Place of Business

**2198 NORTH MERIDIAN ROAD
TALLAHASSEE FL 32303-5062**

Mailing Address

**2198 NORTH MERIDIAN ROAD
TALLAHASSEE FL 32303-5062**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/25/1976

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

9. Name and Address of Current Registered Agent

**ISENBERG, M. JEAN
3304 CLIFDEN DR
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name

Ranzinger, Gary G.

82 Street Address (P.O. Box Number is Not Acceptable)

2110 Wildridge Road

83 Tallahassee, FL 32302-7350

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 **GARY G. RANZINGER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

A. B. 99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **MEYER, DEBRA**
STREET ADDRESS **341 MEADOW RIDGE DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD** ☒ DELETE
NAME **ISENBERG, M. JEAN**
STREET ADDRESS **3304 CLIFDEN DR**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE **D** ☐ DELETE
NAME **KASTEN, LEE RICHARD**
STREET ADDRESS **1512 HASOSAW NEN**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **V** ☐ DELETE
NAME **DOWD, DONALD**
STREET ADDRESS **718 E COLLEGE AVE**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE **TD** ☒ DELETE
NAME **WILLIAMS, SUE A.**
STREET ADDRESS **2910 MORNINGSIDE DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **MD** ☒ DELETE
NAME **HINGST, EMORY A**
STREET ADDRESS **1507 PAYNE ST**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Warren, Susan**
1.4 CITY-ST-ZIP **3216 Yorktown Drive**
Tallahassee, FL 32312-2080

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Studenmund, G. Richard**
2.4 CITY-ST-ZIP **300 Beaver Lake Road**
Tallahassee, FL 32312-9733

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Jacobson, I. K. Maurice**
5.4 CITY-ST-ZIP **6548 Montrose Trail**
Tallahassee, FL 32308-1620

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **P**
6.3 STREET ADDRESS **Ranzinger, Gary G.**
6.4 CITY-ST-ZIP **2110 Wildridge Road**
Tallahassee, FL 32302-7350

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 449.07(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, with all other like empowered.

SIGNATURE: **GARY G. RANZINGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. B. 99 **562 0632**
Date Daytime Phone #

CR2E037 (11/98)

000776