PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR [redacted]

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 24 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737121

1. Corporation Name

ST. STEPHEN LUTHERAN CHURCH, INC.

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/25/1976

5. FEI Number: 59-1688449 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BASFORD, NATHAN	735 EAST BARC AVE	TALLAHASSEE FL 32301
PD	STUART, CHERYL	~~5424 DE FOORS RD~~ 1239 Conservancy Dr E	TALLAHASSEE FL ~~32308~~ 32312
D	MILLER, MARSIA	9368 CONESTOGA AVE	TALLAHASSEE FL 32308
V	DOWD, DONALD	718 E COLLEGE AVE	TALLAHASSEE FL 32301
TD	MAURICE, JACOBSON I. K.	6548 MONTROSE TRAIL	TALLAHASSEE FL 32309
P	RANZINGER, GARY G	~~2110 WILDRODIGE ROAD~~ 7972 Preservation Rd	TALLAHASSEE FL ~~32302~~ 32312

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JACOBSON, MAURICE I 6548 MONTROSE TRAIL TALLAHASSEE FL 32309	Name: Gary G. Ranzinger Street Address (P.O. Box Number is Not Acceptable): 7972 Preservation Rd. Suite, Apt. #, Etc.: 300008887993 11/08/02--01056--004 **61.25 City: Tallahassee State: FL Zip Code: 32312

02

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 10/22/02
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SIGNATURE REQUIRED — GARY G. RANZINGER CPA — 10/22/02 — 8505620632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #