

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 # 737531 (4)

1. Corporation Name

ST. PAUL'S EVANGELICAL LUTHERAN CHURCH OF ORLANDO, FLORIDA, INC.



Principal Place of Business

Mailing Address

**300 E. CHURCH STREET
ORLANDO FL 32801**

**300 E. CHURCH STREET
ORLANDO FL 32801**

3. Date Incorporated or Qualified
12/14/1976

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FULMER, CARROLL
8971 CHARLESTON PARK
ORLANDO FL 32819-4439**

81 Name

Barbara E. Shaner

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

1620 Newchapel Drive

83

84 City

Orlando,

FL

85

**Zip Code
32837**

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

[Signature]

Treasurer

2-16-96

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 ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SCHULTZ, TERRY
8639 WILLOW KANE COURT
ORLANDO FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
SHANER, BARBARA
4752 MUSCATELLO STREET 1620 NEWCHAPEL DR
ORLANDO, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
BALL, MARIANNE
3013 INDIAN DRIVE
ORLANDO FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
**V PD
Gloria Chavez
900 W. Yates Street
Orlando, FL 32804**

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
BROWN, J. M
2233 KIRKMAN ROAD, #86
ORLANDO FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
**SD
Rachel Kronmann
1620 Newchapel Drive
Orlando, FL 32837**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ECOLA, L J
10015 SANDBAR ST
ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RESMER, DELBERT E
1951 GAMBOGE DR
ORLANDO FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-96

(407) 850-4233

Date

Daytime Phone #

CR2E037 (12/95)