FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 28 PM 7:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **737739** **(3)**

1. Corporation Name

INTER-LUTHERAN COUNCIL FOR CONTINUING EDUCATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
123 E. LIVINGSTON ST. ORLANDO FL 32801 US	123 E. LIVINGSTON ST. ORLANDO FL 32801 US

3. Date Incorporated or Qualified: 01/05/1977
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1807482 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 St Paul's Lutheran Church	26 St Paul's Lutheran Church
Suite, Apt. #, etc. 22 407 S. Saturn	Suite, Apt. #, etc. 27 407 S. Saturn
City & State 23 Clearwater FL	City & State 28 Clearwater FL
Zip / Country 24 34615 / 25 Pinellas	Zip / Country 29 34615 / 30 Pinellas

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

9. Name and Address of Current Registered Agent

KUNZE, REV. JAMES H.
123 E. LIVINGSTON ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

91 Name: The Rev Timothy Gamelin
92 Street Address (P.O. Box Number is Not Acceptable): St Paul's Lutheran Church
93: 407 S. Saturn
94 City: Clearwater **FL** 95 Zip Code: 34615

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: The Rev Timothy Gamelin — The Rev Timothy Gamelin — 3/14/95
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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	GAMELIN, THE REV. TIMOT	12 NAME	The Rev Timothy Gamelin	
STREET ADDRESS	1514 S. ALEXANDER ST #204	13 STREET ADDRESS	407 S Saturn	
CITY-ST-ZIP	PLANT CITY FL	14 CITY-ST-ZIP	Clearwater FL 34615	
TITLE	D	21 TITLE	SD	☒ Change ☐ Addition
NAME	DOHRMAN, THE REV. THOMA	22 NAME	The Rev Tom Dohrman	
STREET ADDRESS	925 W. JEFFERSON ST.	23 STREET ADDRESS	925 W Jefferson St	
CITY-ST-ZIP	TALL FL	24 CITY-ST-ZIP	Tallahassee FL 32304	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MEUTER, THE REV. DEBRA	32 NAME		
STREET ADDRESS	1955 E. OAKLAND PK	33 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	MD	☒ Change ☐ Addition
NAME	JOHNSON, DR. JOHN F.	42 NAME	The Rev John F Johnson	
STREET ADDRESS	301 58TH ST. S.	43 STREET ADDRESS	5950 Pelican Bay Plaza #1103	
CITY-ST-ZIP	ST. PETER FL	44 CITY-ST-ZIP	Gulfport FL 33707	
TITLE	TD	51 TITLE	TD	☐ Change ☐ Addition
NAME	MODAHL, BRUCE R	52 NAME	The Rev Bruce Modahl	
STREET ADDRESS	304 DRUID HILLS RD	53 STREET ADDRESS	304 Druid Hills	
CITY-ST-ZIP	TEMPLE TERRACE FL	54 CITY-ST-ZIP	Temple Terrace FL 33617	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: The Rev Timothy Gamelin — Timothy Gamelin — 3/14/95 — 813 446 7718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003963