

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 # 737739 (3)

1. Corporation Name

INTER-LUTHERAN COUNCIL FOR CONTINUING EDUCATION, INC.



Principal Place of Business

Mailing Address

**ST PAULS LUTHERAN CHURCH
407 S SATURN
CLEARWATER FL 34615
US**

**ST PAULS LUTHERAN CHURCH
407 S SATURN
CLEARWATER FL 34615
US**

3. Date Incorporated or Qualified
01/05/1977

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **Christ Lutheran Church**

26 **Christ Lutheran Church**

4. FEI Number
59-1807482

Applied For
Not Applicable

22 **1955 E. Oakland Park Blvd.**

27 **1955 E. Oakland Park Blvd.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **City & State**

28 **City & State**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **FL**

29 **FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

25 **Zip**

30 **Zip**

26 **Country**

31 **Country**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAMELIN, TIMOTHY REV
ST PAULS LUTHERAN CHURCH
407 S SATURN
CLEARWATER FL 34615**

81 Name **Modahl, The Rev. Bruce K.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **304 Druid Hills Rd.**
84 City **Temple Terrace** **FL** 85 Zip Code **33617...**

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 **Bruce K. Modahl** **Bruce K. Modahl Treasurer** **4-11-96**
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 **PD** ☒ DELETE
NAME **GAMELIN, THE REV. TIMOT**
STREET ADDRESS **1514 S. ALEXANDER ST #204**
CITY-ST-ZIP **PLANT CITY FL**

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

TITLE **SD** ☐ DELETE
NAME **DOHRMAN, THE REV. THOMA**
STREET ADDRESS **925 W. JEFFERSON ST.**
CITY-ST-ZIP **TALL FL**

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

TITLE **D** ☐ DELETE
NAME **MEUTER, THE REV. DEBRA**
STREET ADDRESS **1955 E. OAKLAND PK**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **MD** ☐ DELETE
NAME **JOHNSON, DR. JOHN F.**
STREET ADDRESS **301 58TH ST. S.**
CITY-ST-ZIP **ST. PETER FL**

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

TITLE **TD** ☐ DELETE
NAME **MODAHL, BRUCE R**
STREET ADDRESS **304 DRUID HILLS RD**
CITY-ST-ZIP **TEMPLE TERRACE 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

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: **Bruce K. Modahl** **Bruce K. Modahl** **4-10-96** **(813) 788-4025**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)