

FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737739 (3)

1. Corporation Name

INTER-LUTHERAN COUNCIL FOR CONTINUING EDUCATION, INC.

Principal Place of Business	Mailing Address
FLORIDA-GEORGIA DISTRICT-LCMS 7207 MONETARY DR. ORLANDO FL 32809 US	FLORIDA-GEORGIA DISTRICT-LCMS 7207 MONETARY DR. ORLANDO FL 32809 US



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a Suite, Apt. #, etc. 27 City & State 28 Zip 30 Country

3. Date Incorporated or Qualified	4. FEI Number	Applied For
01/05/1977	59-1807482	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NEUBANER, RICHARD G 7207 MONETARY DR. ORLANDO FL 32809	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHRMAN, REV. THOMAS	1.2 NAME	
STREET ADDRESS	925 W. JEFFERSON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALL FL	1.4 CITY-ST-ZIP	
TITLE	MD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSOLD, REV. WILLIAM J	2.2 NAME	
STREET ADDRESS	1505 CHIPMUNK LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	2.4 CITY-ST-ZIP	
TITLE	MD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DR. JOHN F.	3.2 NAME	
STREET ADDRESS	301 58TH ST. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETER FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODAHL, BRUCE R	4.2 NAME	
STREET ADDRESS	304 DRUID HILLS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUBANER, RICHARD G	5.2 NAME	
STREET ADDRESS	7207 MONETARY DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: *Richard G. Neubauer* Richard G. Neubauer 2/19/98 (407)857-5554

CR2E037 (10/97)