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FILED
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 FLORIDA-GEORGIA DISTRICT-LCMS 7207 MONETARY DR. ORLANDO FL 32809 US	Mailing Address FLORIDA-GEORGIA DISTRICT-LCMS 7207 MONETARY DR. ORLANDO FL 32809 US
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3. Date Incorporated or Qualified 01/05/1977		
4. FEI Number 59-1807482	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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		

2. Principal Place of Business 21	2a. Mailing Address 28		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**NEUBANER, RICHARD G
7207 MONETARY DR.
ORLANDO FL 32809**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOHRMAN, REV. THOMAS	
STREET ADDRESS	925 W. JEFFERSON ST.	
CITY-ST-ZIP	TALL FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	HASSOLD, REV. WILLIAM J	
STREET ADDRESS	1505 CHIPMUNK LN.	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	JOHNSON, DR. JOHN F.	
STREET ADDRESS	301 58TH ST. S.	
CITY-ST-ZIP	ST. PETER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MODAHL, BRUCE R	
STREET ADDRESS	304 DRUID HILLS RD	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NEUBANER, RICHARD G	
STREET ADDRESS	7207 MONETARY DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)857-5556

CFR2E037 (10/97)