

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 # 738596 (6)
1. Corporation Name
PEACE LUTHERAN CHURCH, INC.



Principal Place of Business

**3650 17TH STREET
SARASOTA FL 34235**

Mailing Address

**3650 17TH STREET
SARASOTA FL 34235**

3. Date Incorporated or Qualified
04/07/1977

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 **25**

28 Zip Country
29 **30**

4. FEI Number
59-1716388

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HILDRETH, MARTHA
5A11 BARBAROSSA AVE.
SARASOTA FL 34236**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD SD** ☐ DELETE
NAME **HILDRETH, MARTHA**
STREET ADDRESS **5411 BARBAROSSA AVE.**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☒ DELETE
NAME **HILDAETH, AMY**
STREET ADDRESS **5715 FIRST ST CT 3**
CITY-ST-ZIP **BRADENTON FL**

TITLE **TD** ☐ DELETE
NAME **VEUERKA, BETTY**
STREET ADDRESS **3428 CHESHIRE LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Sec (D)** ☒ Change ☐ Addition
1.2 NAME **MARTHA HILDEETH**
1.3 STREET ADDRESS **5411 BARBAROSSA AVE**
1.4 CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE **President (D)** ☐ Change ☒ Addition
2.2 NAME **DICK DIETZ**
2.3 STREET ADDRESS **151 VERA ROAD**
2.4 CITY-ST-ZIP **SARASOTA FL 34240**

3.1 TITLE **Betty J. Veverka** ☒ Change ☐ Addition
3.2 NAME **Betty J. Veverka**
3.3 STREET ADDRESS **4498 MELINTOSH PK. Apt 1901**
3.4 CITY-ST-ZIP **SARASOTA FL 34232**

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

Betty J. Veverka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96 \$61.25 Dep By Bank

6/19/96 941-366-1801

Date

Daytime Phone #

CR2E037 (12/95)