NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

738596

(6)

PEACE LUTHERAN CHURCH, INC.

FILED
May 20 1997 8:00am
Secretary of State

П					

Principal Place	of Business	Mailing Address				t innter innen till i filbt beite inter	t dauter tanne erint; ibfint artein enten meir defier dente ment differ finate gener			
3650 17TH STRI SARASOTA FL		3650 17TH STREET SARASOTA FL 34235-8102								
						3. Date Incorporated or Qualified 04/07/1977	3a. Da	te of Last R 07/31/18	teport 196	
	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	· · · · · · · · · · · · · · · · · · ·	A	oplied For	
21		26	26				59-1716388 Not Applicate			
Suite, Apt 4	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional	
22		27				a. Certificate of Status Desired		Fee Re	equired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be					
23		28	28			Trust Fund Contribution Added to Fees				
Zip	Country		Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25		29 30							
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	glatered /	Agent		
				61	Name					
HILDRET	h, martha		-	82	Street	Address (P.O. Box Number is Not Accepta	ble)			
	RBAROSSA AVE.		1			, i.e., per i i i i i i i i i i i i i i i i i i i				
	TA FL 34236			83						
2,			ļ	84	City		FL	85 Zip	Code	
44 5		00 4 047 4500 Florida Otal	4 4	- 1		A de la				
office or re	egistered agent, or both, in the State	e of Florida. Such change was	authorized	l by	the core	corporation submits this statement for the poration's board of directors. I hereby acceptant	purpose of of the app	cnanging r ointment as	ts registered registered	
agent. I ar	n familiar with, and accept the oblig	gations of, Section 617.0503, F	Iorida Statu	Ites	i. '				-	
SIGNATURE _										
}	Signature, typed or printed name of registered ag		TE: Registered	Age	nt signature	required when reinstating) ADDITIONS/CHANGES TO OFF	DATE OF DO A NE	DIDECTOR	DC (N. 10	
TITLE	\$D	ND DIRECTORS DELETE	1.1 111	. r		ADDITIONS/CHANGES TO OFF	CENS AIVE	Change	Addition	
'		C DEFEIG						LT CHAINE		
NAME	HILDRETH, MARTHA		1.2 NA							
STREET ADDRESS	5411 BARBAROSSA AVE.				ADDRESS					
CITY-ST-ZIP	SARASOTA FL	DELETE	1.4 CIT		Y-ZIP	88		Change	Addition	
TITLE	PD PIOT	M ACTELE	2.1 11			Troy Coalman		Criange	L AGURION	
NAME	DIETZ, DICK		2.2 NA			PADA PADAL DY				
STREET ADDRESS	151 VERNA ROAD		2.3 STREET ADD			Savasota, FL 3423	6			
CrTY-ST-ZIP	SARASOTA FL 34240		2.4 CI	****	T-ZIP	3avasore 1.001		E 2		
TITLE	TD	DELETE	3.1 TIT			And Roder		Change Change	Addition	
NAME	VEUERKA, BETTY		3.2 NA	ME		WYA THE LINE				
STREET ADDRESS	4498 MC INTOSH PK APT 1	901	3.3 ST	REET	ADDRESS	Bradenton, FL 3420	7		ĺ	
CITY-ST-ZIP	SARASOTA FL 34232		3.4. CI	TY-S	T- ZIP	DANGERILANI	T			
TITLE		DELETE	4.1 117	LE				☐ Change	Addition	
NAME			4. 2 NA	ME					Ì	
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-S	T- 21P					
TITLE	, , , , , , , , , , , , , , , , , , , ,	DELETE	5.1 TIT					Change	Addition	
NAME			5.2 NA	ME			-			
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CIT							
TITLE		DELETE	6.1 TIT			- No. 18	·····	Change	☐ Addition	
NAME			6.2 NA			1 State 1 1 1 1 1 1 1 1 1		-		
STREET ADORESS					ADDRESS				Ì	
1 !					•	The second second				
14. Ldo bereb	ov certify that the information supplies	ed with this filing does not rue	6.4 CiT lify for the	BX6	n-ar motion ≈	I stated in Section 119.07(3)(i), Florida Statut	es. I further	certify that	the	
1 1 00 10000	, coming triangles intorreaction autopoint	uno ming cood inst qua	,			the terretain the state of the same terretains				

I. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicates on his 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 direction on the properties 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 chapted, or on an effectment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-97 941-364-7047