1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 738596

PEACE LUTHERAN CHURCH, INC.

Principal	Place	of	Business

2. Principal Place of Business

Mailing Address

3650 17TH STREET SARASOTA FL 34235

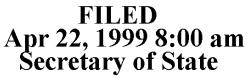
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2929 RIVIERA DR SARASOTA FL 34232

2a. Mailing Address

US

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04-22-1999 90211 019 ****61.25

|--|--|--|--|--|--|

3. Date Incorporated or Qualifed

<u>04/07/1977</u>

Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI NUMBER		
22		27		59-1716388	59-1716388			
City & State	8	City & State.			5. Certifcate of Status Desired		\$8.75 A	
23		28	8		v. Certificate of States Booked		Fee Rec	uired
Zip	Country	Zip	Zip Country		6. Election Campaign Financing		\$5.00 1	
24	25	29	30		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current F	legistered Agent			10. Name and Address of New R	legistered A	gent	
			81	Name				
CARREIRA	A. DANIFI.		82	Street A	Address (P.O. Box Number is Not Accepta	ible)	_	
5054 OAKRUN DR			7498 Eleanor Circle					
	A FL 34243		83					
0.44.00			84	City		·	85 Zip C	ode
	والمتحاجب		04	City		FL		
11. Pursuant	to the provisions of Sections 617.0502 a	and 617.1508, Florida Statutes,	the above	-named o	corporation submits this statement for the	purpose of c	hanging its r	egistered
office or re	egistered agent, or both, in the State of m.familiar with, and accept the obligation	Flonda, Such change was auth ns of Section 617,0503, Florid	iorized by a Statutes	une corpo	pration's board of directors. I hereby accep	/ / /	Titteiir aa ich	istered
	Lane Umi	129			4	4/8/	7 S	1
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Ager	t signature re	equired when reinstating)	DATE	/	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	VD	☐ DELETE	1.1 TITLE		P/D		Change	☐ Addition
NAME	Carreira, Daniel		1.2 NAME					
STREET ADDRESS			1.3 STREE	ADDRESS	7498 Eleanor Circle			
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY-5	T-ZIP	. 170 = 2001.00 = 011010			
TITLE	PD	DELETE	2.1 TITLE				Change	☐ Addition
NAME	LAWHUM, ROBIN		2.2 NAME		•			
STREET ADDRESS	5517 SHADY BROOK TRL		2.3 STREET	ADDRESS				1
CITY-ST-ZIP	SARASOTA FL 34243		2. 4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME	ASHBURN, ROBERT	•	3.2 NAME					
STREET ADDRESS	2929 RIVIERA DR		3.3 STREE	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34232		3.4. CITY- 5	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE		S/D		Change	Addition
NAME			4. 2 NAME		Karin Zukowski			
STREET ADDRESS			4.3 STREE	ADDRESS	4607 Mink Road			Į.
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	Sarasota, FL 34235			
TITLE		☐ DELETE	5.1 TITLE	Ì	D		Change	X Addition
NAME .			5.2 NAME		William Nye			
STREET ADDRESS			5.3 STREE	ADDRESS	3908 Panola Lane			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	Sarasota, FL 34235			
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				
ONI COULTE								

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 misted 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, with affective like empowered.

SIGNATURE:

Daytime Phone #