

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 # 753323 (5)

1. Corporation Name

CHRISTUS VICTOR LUTHERAN CHURCH, INC.



Principal Place of Business

8812 STATE ROAD 54
P.O. BOX 539
NEW PORT RICHEY FL 34656-7539

Mailing Address

8812 STATE ROAD 54
P.O. BOX 539
NEW PORT RICHEY FL 34656-7539

3. Date Incorporated or Qualified
07/11/1980

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number
59-2148778

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

WITHROCK, JOHN W. JR. (THE REV.)
4753 WHITE TAIL LANE
NEW PORT RICHEY FL 34653

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☒ DELETE
NAME BARTLETT, BEVERLY
STREET ADDRESS 3367-E CRYSTAL COURT EAST
CITY-ST-ZIP PALM HARBOR FL

1.1 TITLE P/D ☐ Change ☒ Addition
1.2 NAME Memoli, Robert
1.3 STREET ADDRESS 10451 Lakeview Drive
1.4 CITY-ST-ZIP New Port Richey FL 34653

VD ☐ DELETE
NAME PERGANDE, HARLAN
STREET ADDRESS 1339 SAFFRON WAY
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D ☒ DELETE
NAME NIGRO, JOAN
STREET ADDRESS 8648 KNOB HILL CT
CITY-ST-ZIP NEW PORT RICHEY, FL00000

3.1 TITLE V/D ☐ Change ☒ Addition
3.2 NAME Blasewitz, Dave
3.3 STREET ADDRESS 2310 Woodbend Circle
3.4 CITY-ST-ZIP New Port Richey FL 34655

FS ☐ DELETE
NAME ROTH, ELWOOD K.
STREET ADDRESS 738 C 518 BOX 250
CITY-ST-ZIP NEW PORT RICHEY FL

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

D ☒ DELETE
NAME MITCHELL, AUGUST
STREET ADDRESS 4824 SHEFFIELD DR
CITY-ST-ZIP NEW PORT RICHEY FL

5.1 TITLE S/D ☐ Change ☒ Addition
5.2 NAME Beyer, Dorothy I.
5.3 STREET ADDRESS 4100 Andover Street
5.4 CITY-ST-ZIP New Port Richey FL 34653

D ☒ DELETE
NAME HANSELMAN, MARICE
STREET ADDRESS 9113 NILE DR
CITY-ST-ZIP NEW PORT RICHEY FL

6.1 TITLE T/D ☐ Change ☒ Addition
6.2 NAME Hrycyk, Margot
6.3 STREET ADDRESS 8220 Silver Mist Place
6.4 CITY-ST-ZIP New Port Richey FL 34655

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:

Robert Memoli

Robert Memoli

04-30-1996 813-861-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)