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May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34656-0539**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/11/1980

3a. Date of Last Report

05/14/1996

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

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

10. Name and Address of New Registered Agent

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** ☐ DELETE
NAME **MEMOLI, ROBERT**
STREET ADDRESS **10451 LAKEVIEW DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☒ DELETE
NAME **PERGANDE, HARLAN**
STREET ADDRESS **1339 SAFFRON WAY**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **VD** ☒ DELETE
NAME **BALSEWITZ, DAVE**
STREET ADDRESS **2310 WOODBEN CIRCLE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

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

TITLE **SD** ☐ DELETE
NAME **BEYER, DOROTHY**
STREET ADDRESS **4100 ANDOVER STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **TD** ☐ DELETE
NAME **HRYUCK, MARGOT**
STREET ADDRESS **8220 SILVER MIST PLACE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **V/D**
3.3 STREET ADDRESS **George Silberman**
3.4 CITY-ST-ZIP **3040 Saw Mill Lane**
Spring Hill, FL 34606

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 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:

Robert Memoli

REQUIRED Robert Memoli

4-25-97

813-861-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088163

CR2E037 (9/96)