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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753323

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



2. Principal Place of Business 21 8812 Old County Rd 54 Suite, Apt. #, etc. 22 City & State 23 New Port Richey, FL Zip Country 24 34653 25 Pasco		2a. Mailing Address 26 8812 Old County Rd 54 Suite, Apt. #, etc. 27 City & State 28 New Port Richey, FL Zip Country 29 34653 30 Pasco		3. Date Incorporated or Qualified 07/11/1980 4. FEI Number 59-2148778 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	
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 James H. Fischer (The Rev.) Interim 82 Street Address (P.O. Box Number is Not Acceptable) 11722 North Edison Avenue 83 84 City Tampa FL 85 Zip Code 33612		

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 James H. Fischer DATE Feb. 4, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILBERMANN, GEORGE	1.2 NAME	
STREET ADDRESS	3040 SAW MILL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYER, DOROTHY	2.2 NAME	
STREET ADDRESS	4100 ANDOVER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, BARBARA	3.2 NAME	VD Joellen Johnson
STREET ADDRESS	5507 EL CERRO DRIVE	3.3 STREET ADDRESS	7506 Coventry Drive
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	3.4 CITY-ST-ZIP	Port Richey, FL 34668
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEINSEN, ROBERT	4.2 NAME	TD Sherwin M. Sharp
STREET ADDRESS	2853 SAN PEDRO DRIVE	4.3 STREET ADDRESS	4531 Whitton Way
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	4.4 CITY-ST-ZIP	New Port Richey, FL 34653
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Dorothy I. Beyer DATE: 2/4/99 DAYTIME PHONE #: 1-727-376-0919