

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753483 (7)**

1. Corporation Name  
**SAINT PAUL LUTHERAN CHURCH, INC.**



Principal Place of Business <b>1407 JOHN SIMS PARKWAY P.O. BOX 716 NICEVILLE FL 32578</b>	Mailing Address <b>1407 JOHN SIMS PARKWAY P.O. BOX 716 NICEVILLE FL 32578-2976</b>
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3. Date Incorporated or Qualified <b>07/25/1980</b>	3a. Date of Last Report <b>03/15/1996</b>
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2. Principal Place of Business <b>21 1407 E. John Sims Parkway</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 1407 E. John Sims Parkway</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Niceville, Florida</b>	City & State <b>28 Niceville, Florida</b>
Zip <b>24 32578</b>	Country <b>25 USA</b>
Zip <b>29 32578</b>	Country <b>30 USA</b>

4. FEI Number <b>59-1962181</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**UNDERDAHL, JOHN L  
1007 DARLINGTON OAK DRIVE  
NICEVILLE FL**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MOORHOUS, CLARENCE</b>		1.2 NAME <b>Janet Pandzik</b>	
STREET ADDRESS <b>51 FOX HILL ROAD</b>		1.3 STREET ADDRESS <b>220 Yellow Pine Ct.</b>	
CITY-ST-ZIP <b>NICEVILLE FL</b>		1.4 CITY-ST-ZIP <b>Niceville, FL 32578</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LUMSDEN, RICHARD</b>		2.2 NAME <b>KNIGHT, THOMAS</b>	
STREET ADDRESS <b>700 BAY DRIVE, #1003</b>		2.3 STREET ADDRESS <b>1020 HICKORY AVE.</b>	
CITY-ST-ZIP <b>NICEVILLE FL</b>		2.4 CITY-ST-ZIP <b>NICEVILLE, FL 32578</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WETTERBERG, KARYL</b>		3.2 NAME <b>JOHN GAL</b>	
STREET ADDRESS <b>89 COUNTRY CLUB RD</b>		3.3 STREET ADDRESS <b>4506 PARKWOOD LANE W.</b>	
CITY-ST-ZIP <b>SHALIMAR FL</b>		3.4 CITY-ST-ZIP <b>NICEVILLE, FL. 32578</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CLEVELAND, DON</b>		4.2 NAME <b>CLAYPOOL, STAN</b>	
STREET ADDRESS <b>304 FAIRWOOD DRIVE</b>		4.3 STREET ADDRESS <b>723 CARIBBEAN WAY</b>	
CITY-ST-ZIP <b>NICEVILLE FL</b>		4.4 CITY-ST-ZIP <b>NICEVILLE, FL 32578</b>	
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 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 changed, or on an attachment with an address.

SIGNATURE: *Thomas Knight* **THOMAS KNIGHT** *2/15/97* **678-1298**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074826

CFR2E037 (9/96)