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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 753483 (7)
 1. Corporation Name
SAINT PAUL LUTHERAN CHURCH, INC.



Principal Place of Business Mailing Address
1407 E. JOHN SIMS PARKWAY NICEVILLE FL 32578 US
1407 JOHN SIMS PARKWAY NICEVILLE FL 32578 US

3. Date Incorporated or Qualified
07/25/1980

4. FEI Number Applied For
59-1962181 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

7. Is this nonprofit corporation a homeowners association?
 Yes No

24 Zip Country 29 Zip Country 30 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PANDZIK, JANET	
STREET ADDRESS	220 YELLOW PINE COURT	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KNIGHT, THOMAS	
STREET ADDRESS	1020 HICKORY AVE.	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GAL, JOHN	
STREET ADDRESS	4506 PARKWOOD LANE W.	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CLAYPOOL, STAN	
STREET ADDRESS	723 CARIBBEAN WAY	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SD	
1.3 STREET ADDRESS	Hains, Audrey	
1.4 CITY-ST-ZIP	309 Jamaica Way	
2.1 TITLE	Niceville, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Butler, Gary	
4.3 STREET ADDRESS	334 Jamaica Way	
4.4 CITY-ST-ZIP	Niceville, FL	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Johnston, Janet	
5.3 STREET ADDRESS	117 Baywind Dr.	
5.4 CITY-ST-ZIP	Niceville, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *John Sel* *John Gal* *Feb. 13, 1998* *850-897-5267*

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