FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 753483

1. Corporation Name

SAINT PAUL LUTHERAN CHURCH, INC.

Princip	al Place	e of Br	JSINESS
-	E. JOHN		PARKWA'

Mailing Address

FILED Mar 16, 1999 8:00 am § Secretary of State

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NICEVILLE FL US	L 32578 NICEVILLE FL 32578 US											
2. Principal P	lace of Business		2a.	Mailing Address				3.	Date Incorporated or Qualifed	l		
21			26						07/25/1980			
Suite, Apt.	#, etc.		—	Suite, Apt. #, etc.			:	4.	FEI Number			plied For
22			27					<u> </u>	59-1962181			t Applicable
City & State	e		28	City & State				5.	Certificate of Status Desired		\$8.75 A	
Zip		Country		Zip	Country	у		6.	Election Campaign Financing		\$5.00	May Be
24	25		29	3	0				Trust Fund Contribution		Added t	o Fees
	9. Name and	Address of Current F	Regist	ered Agent		_		10.	Name and Address of New	Registered /	Agent	
					81	•	Name					1
UNDERDA	NHL, JOHN L				82	2	Street Addres	ss (P	P.O. Box Number is Not Accep	table)		
	LINGTON OAK	DRIVE			83	-						
NICEVILLE	E FL					1						
					84		City			FL	85 Zip C	
office or re	egistered agent, o	or both, in the State of	Florida	7.1508, Florida Statutes a. Such change was auth Section 617.0503, Florid	norized by	/ th	named corpor ne corporation	ation 's bo	n submits this statement for the pard of directors. I hereby acce	e purpose of opt the appoir	changing its itment as reg	registered gistered
SIGNATURE	Slandture hand or na	nted name of registered agent at	nd title if	applicable (NOTE P.	enistered And	ent s	signature required v	vhon re	rainstation)	DATE		Ì
12.	Signature, typed or prin	OFFICERS AND			13.		organica reduced t		ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	SD	0111021101110	<u> </u>	DELETE	1.1 TITLE		P				Change	Addition
NAME	HAINS, AUDP	EY			1.2 NAME		,		- 0-11-a			1
STREET ADDRESS	309 JAMAICA				1.3 STREE	ΞΤΑ			r Oelke			
CITY-ST-ZIP	NICEVILLE FL				1.4 CITY-5	ST-	ZIP Ni	13 L Icev	Canterbury Circle ville, <u>FL 32578</u>			
TITLE	PD	<u></u>		DELETE	2.1 TITLE		-20		<u> </u>		Change	Addition
NAME	KNIGHT, THO	MAS		•	2.2 NAME							1
STREET ADDRESS	1020 HIKCOF				2.3 STREE				ey Claypool			ì
CITY-ST-ZIP	NICEVILLE FL , 2.41						123		aribbean Way ille, FL 32578			_
TITLE	D			DELETE	3.1 TITLE	<u> </u>	D =				☐ Change	Addition
NAME	GAL, JOHN			,	3.2 NAME			vē	Fikar			1
STREET ADDRESS	,	OOD LANE W.			3.3 STREE		ODRESS 127	' Do	olphin Point Rd.			
CITY-ST-ZIP	NICEVILLE FL				3.4. CITY-		815.0	evi	ille, FL 32578			İ
TITLE	VD	<u> </u>		₩ DELETE	4.1 TITLE				· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	BUTLER, GAF	RY		••	4. 2 NAME	:						
STREET ADDRESS	334 JAMAICA				4.3 STREE		PPPECE		Carter			1
CITY-ST-ZIP	NICEVILLE FL				4.4 CITY-5		1 402	tin	Lauren Court n, FL 32541			
TITLE	T			DELETE	5.1 TITLE		/ T				Change	Addition
NAME	JOHNSTON,	JANET			5.2 NAME		Lin	ıda	Rommerdahl	,		· [
STREET ADDRESS	117 BAYWINE				5.3 STREE	ŦΑ			dmore Ct.			
CITY-ST-ZIP	NICEVILLE FL				5.4 CITY-5	ST-			ille. FL _32578			
TITLE				☐ DELETE	6.1 TITLE			للعب			Change	Addition
NAME					6.2 NAME							. [
STREET ADDRESS					6.3 STREE	ΤA	DDRESS					1
CITY-ST-ZIP					6.4 CITY-5	ST-	ZIP					ŀ

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:

3-15-1999

678-1298