

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **764234** (1)
1. Corporation Name
LUTHERAN MINISTRIES OF FLORIDA, INCORPORATED



Principal Place of Business Mailing Address
3507 FRONTAGE RD S350 TAMPA FL 33607 US

3. Date Incorporated or Qualified **07/21/1982** 3a. Date of Last Report **03/17/1995**
4. FEI Number **59-2198911** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EISSFELDT, RICHARD A.
3507 FRONTAGE RD
S350
TAMPA FL 33607**

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	CD	<input type="checkbox"/> DELETE
NAME	BERNTHAL, AUGUST	
STREET ADDRESS	327 AVE C SE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	DUDA, JUDY	
STREET ADDRESS	1721 REBEL RUN	
CITY-ST-ZIP	OMEDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARLSON, GAYLE	
STREET ADDRESS	100 S ASHLEY DR S1300	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPARLING, JEFFERY	
STREET ADDRESS	100 N TAMPA ST S2200	
CITY-ST-ZIP	TAMPA FL 33602	
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

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Frerking, John	
23 STREET ADDRESS	130 Cruiser Road South	
24 CITY-ST-ZIP	N. Palm Beach, Florida 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	EISSFELDT, RICHARD A.	
53 STREET ADDRESS	3507 Frontage Road, Suite 350	
54 CITY-ST-ZIP	Tampa, FL 33607	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 813/288-9550

Date Daytime Phone #

CR2E037 (12/95)