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**May 05 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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: **3507 FRONTAGE RD S350 TAMPA FL 33607 US**
Mailing Address: **3507 FRONTAGE RD S350 TAMPA FL 33607-1776 US**

3. Date Incorporated or Qualified: **07/21/1982** 3a. Date of Last Report: **02/01/1996**
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: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**EISSFELDT, RICHARD A.
3507 FRONTAGE RD
S350
TAMPA FL 33607**

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: **NIA** (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	BERNTHAL, AUGUST
STREET ADDRESS	327 AVE C SE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	FRERKING, JOHN
STREET ADDRESS	130 CRUISER ROAD SOUTH
CITY-ST-ZIP	NORTH PALM BEACH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CARLSON, GAYLE
STREET ADDRESS	100 S ASHLEY DR S1300
CITY-ST-ZIP	TAMPA FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	SPARLING, JEFFERY
STREET ADDRESS	100 N TAMPA ST S2200
CITY-ST-ZIP	TAMPA FL 33602
TITLE	CEO <input type="checkbox"/> DELETE
NAME	EISSFELDT, RICHARD A
STREET ADDRESS	3507 FRONTAGE ROAD, SUITE 350
CITY-ST-ZIP	TAMPA FL
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD
3.3 STREET ADDRESS	Bowles, Margret
3.4 CITY-ST-ZIP	11784 Quail Village Way Naples, FL33999
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	Wells, Jim
4.4 CITY-ST-ZIP	601 N. Atlantic Ave. #207 New Smyrna Beach, FL 32169
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VD
6.3 STREET ADDRESS	Gall, Donald
6.4 CITY-ST-ZIP	1127 Flores de Avila Tampa, FL 33613

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 if changed, or on an attachment with an address.

CR2E037 (9/96)