FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:46

DOCUMENT # **766745** **(4)**

1. Corporation Name
SALEM LUTHERAN CHURCH, INC.

Principal Place of Business	Mailing Address
7900 APOPKA-VINELAND RD. ORLANDO FL 32819	7900 APOPKA-VINELAND RD. ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/30/1983**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2257041** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MECKLENBURG, ROY A 1036 BYERLY WAY ORLANDO FL 32818	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MECKLENBURG, ROY	12 NAME		
STREET ADDRESS	1036 BYERLY WAY	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	GROCHOSKE, RICK	22 NAME	TAYLOR, BRENT	
STREET ADDRESS	5343 BAY SIDE DR	23 STREET ADDRESS	1236 Red Dandy Drive	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	Orlando, FL	
TITLE	TT	31 TITLE	TT	☒ Change ☐ Addition
NAME	PIPKORN, TIM	32 NAME	HOLIHAN, LARRY	
STREET ADDRESS	5130 SU PALM DR	33 STREET ADDRESS	8812 Bay Ridge Blvd.	
CITY-ST-ZIP	WINDERMERE FL	34 CITY-ST-ZIP	Orlando, FL	
TITLE	AT	41 TITLE		☐ Change ☐ Addition
NAME	MAGNUSON, LINDA	42 NAME		
STREET ADDRESS	8416 INDIAN WELLS CT.	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	PUTZ, MYRNA	52 NAME		
STREET ADDRESS	3001 BARRYMORE CT	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Harry E Holihan 3/10/95 407-825-4435
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Harry E Holihan, Treasurer

0034430