

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

Johnson, Candyce L.

82 Street Address (P.O. Box Number is Not Acceptable)

1740 Down Lake Drive

83

84 City

Windermere

FL

85 Zip Code

34786

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

Candyce L. Johnson

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MECKLENBURG, ROY	
STREET ADDRESS	1036 BYERLY WAY	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, BRENT	
STREET ADDRESS	1236 RED DANDY DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	TT	<input checked="" type="checkbox"/> DELETE
NAME	HOLIHAN, LARRY	
STREET ADDRESS	8812 BAY RIDGE BLVD	
CITY - ST - ZIP	ORLANDO FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MAGNUSON, LINDA	
STREET ADDRESS	8416 INDIAN WELLS CT.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	PUTZ, MYRNA	
STREET ADDRESS	3001 BARRYMORE CT	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Johnson, Candyce L.	
1.3 STREET ADDRESS	1740 Down Lake Drive	
1.4 CITY - ST - ZIP	Windermere, FL	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Linnell, Paul	
2.3 STREET ADDRESS	9025 Floribunda Dr.	
2.4 CITY - ST - ZIP	Orlando, FL	
3.1 TITLE	TT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jones, Steve	
3.3 STREET ADDRESS	5771 Craindale Dr.	
3.4 CITY - ST - ZIP	Orlando, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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

Date

Daytime Phone #

CR2E037 (12/95)