

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 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 # 766745 (4)
1. Corporation Name
SALEM LUTHERAN CHURCH, INC.



Principal Place of Business: 7900 APOPKA-VINELAND RD. ORLANDO FL 32819
Mailing Address: 7900 APOPKA-VINELAND RD. ORLANDO FL 32819-5454

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-28) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 01/30/1983
3a. Date of Last Report: 02/02/1996
4. FEI Number: 59-2257041
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

9. Name and Address of Current Registered Agent
JOHNSON, CANDYCE L.
1740 DOWN LAKE DR.
WINDERMERE FL 34786

10. Name and Address of New Registered Agent
81 Name: Paul Linnell
82 Street Address (P.O. Box Number is Not Acceptable): 9025 Floribunda Drive
83
84 City: Orlando FL 85 Zip Code: 32818

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: Paul D. Linnell DATE: 1-6-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, CANDYCE L.	
STREET ADDRESS	1740 DOWN LAKE DR.	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LINNEL, PAUL	
STREET ADDRESS	9025 FLORIBUNDA DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	JONES, STEVE	
STREET ADDRESS	5771 CRAINDALE DR.	
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	SD	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul Linnell	
1.3 STREET ADDRESS	9025 Floribunda Drive	
1.4 CITY-ST-ZIP	Orlando, FL 32818	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Rundle	
2.3 STREET ADDRESS	6408 Hill-O-Sands Ct.	
2.4 CITY-ST-ZIP	Orlando, FL 32819	
3.1 TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bobby Brown	
3.3 STREET ADDRESS	1201 Bermuda Lakes Lane #304	
3.4 CITY-ST-ZIP	Kissimmee, FL 34741	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Eileen Tietz	
5.3 STREET ADDRESS	6222 Indian Meadow	
5.4 CITY-ST-ZIP	Orlando, FL 32819	
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 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: Paul D. Linnell DATE: 1-6-97 DAYTIME PHONE # 0017489

CR2E037 (9/96)