


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768180** (2)

1. Corporation Name

THE CHURCH OF THE LOST AND FOUND, INC.



Principal Place of Business C/O FRITZ RUHE <b>DANIEL K. DUNN</b> 6925 NORTH DALE MABRY HIGHWAY TAMPA FL 33614	Mailing Address C/O FRITZ RUHE <b>DANIEL K. DUNN</b> 6925 NORTH DALE MABRY HIGHWAY TAMPA FL 33614
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3. Date Incorporated or Qualified

04/28/1983

4. FEI Number

59-1296147

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUHE, FRITZ  
6020 LAKESIDE DRIVE  
LUTZ FL 33549

81 Name

**DANIEL K. DUNN**

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

**8837 BRENNAN CIR. APT. #104**

83

84 City

**TAMPA**

**FL**

85 Zip Code

**33615**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*  
NOTE: Registered Agent signature required when reinstating.

1/15/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PULLEN, RICH	
STREET ADDRESS	10751 GLEN ELLEN DR	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VENZOR, OSCAR	
STREET ADDRESS	8619 LEIGHTON DR	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RUHE, FRITZ	
STREET ADDRESS	6020 LAKESIDE DR	
CITY-ST-ZIP	LUTZ FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNN, DANIEL K	
STREET ADDRESS	300 PARK STREET	
CITY-ST-ZIP	OLDSMAR FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SACCO, GABRIEL</b>	
STREET ADDRESS	<b>6262 N. 142ND AVE. N. #304</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL. 34620</b>	

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 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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DUNN, DANIEL K</b>
4.3 STREET ADDRESS	<b>8837 BRENNAN CIR. #104</b>
4.4 CITY-ST-ZIP	<b>TAMPA, FL. 33615</b>

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>GABRIEL SACCO</b>
5.3 STREET ADDRESS	<b>6262 N. 142ND AVE. N. #304</b>
5.4 CITY-ST-ZIP	<b>CLEARWATER, FL. 34620</b>

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 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: X

SIGNATURE REQUIRED

*[Signature]*

1/15/98 (813) 935-1400

CR2E037 (10/97)