

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:33

DOCUMENT # 770055 (2)

1. Corporation Name

EVANGELICAL LUTHERAN ZION CHURCH, INC.

Principal Place of Business

Mailing Address

757 SOUTH MAIN AVENUE
GROVELAND FL 34736

757 SOUTH MAIN AVENUE
GROVELAND FL 34736

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1983	3a. Date of Last Report 04/05/1994
4. FEI Number 59-1022741	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

SCHOENBERGER, ROGER
8924 CHERRY LAKE RD
GROVELAND FL 34736

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 _____ (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, ELMER
STREET ADDRESS	14335 MASCOTTE EMPIRE RD
CITY - ST - ZIP	GROVELAND FL
TITLE	VD
NAME	PHILLIPS, HOWARD
STREET ADDRESS	6 MI N OF SIMON BROWN RD
CITY - ST - ZIP	MASCOTTE FL
TITLE	PD
NAME	LOWE, JAMES C JR
STREET ADDRESS	5848 LK CATHERINE RD
CITY - ST - ZIP	GROVELAND FL
TITLE	D
NAME	LITTLE, CHALL
STREET ADDRESS	9945 SR 33
CITY - ST - ZIP	GROVELAND FL
TITLE	SD
NAME	BROWN, EVERETT
STREET ADDRESS	RT. 2 BOX 107, LOT 47
CITY - ST - ZIP	CLERMONT FL
TITLE	TD
NAME	SCHOENBERGER, ROGER
STREET ADDRESS	8924 CHERRY LAKE RD
CITY - ST - ZIP	GROVELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Goebel, James
1.3 STREET ADDRESS	30 N. Carrol Avenue
1.4 CITY - ST - ZIP	Mascotte, FL
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 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 110.07(3)(b), 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 no additions.

SIGNATURE: Roger Schoenber, Treas. *Roger Schoenberger* 2/8/95 (904) 394-2261