

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 770055 (2)

1. Corporation Name
EVANGELICAL LUTHERAN ZION CHURCH, INC.



Principal Place of Business: 757 SOUTH MAIN AVENUE GROVELAND FL 34736
Mailing Address: 757 SOUTH MAIN AVENUE GROVELAND FL 34736

3. Date Incorporated or Qualified: 09/01/1983
3a. Date of Last Report: 02/13/1995

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

4. FEI Number: 59-1022741
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 on Florida Statutes: Yes No

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
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 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 typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOEBEL, JAMES	OK
STREET ADDRESS	30 N CARROL AVENUE	
CITY-ST-ZIP	MASCOTT FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, HOWARD	
STREET ADDRESS	6 MI N OF SIMON BROWN RD	
CITY-ST-ZIP	MASCOTTE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOWE, JAMES C JR	
STREET ADDRESS	5848 LK CATHERINE RD	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LITTLE, CHALL	
STREET ADDRESS	9945 SR 33	
CITY-ST-ZIP	GROVELAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, EVERETT	
STREET ADDRESS	RT. 2 BOX 107, LOT 47	
CITY-ST-ZIP	CLERMONT FL	
TITLE	TD	<input type="checkbox"/> DELETE
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D Little, Doris
4.3 STREET ADDRESS	9945 SR 33
4.4 CITY-ST-ZIP	Groveland, FL 34736
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Mondy, Fred
5.3 STREET ADDRESS	2726 West Side Drive
5.4 CITY-ST-ZIP	Leesburg, FL 34748
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: Roger Schoenberger, Treas 3/26/96 (352) 394-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)