FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

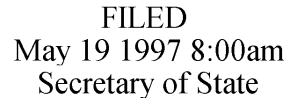
1997

DOCUMENT #

EVANGELICAL LUTHERAN ZION CHURCH, INC.

Principal Place of Business
757 SOUTH MAIN AVENUE

Mailing Address





757 SOUTH MAIN AVENUE GROVELAND FL 34736		757 SOUTH MAIN AVENUE GROVELAND FL 34736-2733					
					3. Date Incorporated or Qualified 09/01/1983	3a. Date of Last Report 04/01/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	26		59-1022741	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State	City & State			Fee Required	
23	, and	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Countr	У	This corporation has liability for in		
24	25	29	30	-	Florida Statutes	Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			81	Name			
SCHOENBERGER, ROGER			82	82 Street Address (P.O. Box Number is Not Acceptable)			
8924 CHERRY LAKE RD				<u> </u>		,	
GRO	VELAND FL 34736		83	i			
	•		84	City		85 Zip Code	
11 Pureus	ant to the provisions of Sections 617.05	02 and 617 1509. Storida Stor	lutan the pho	n named	corporation submits this statement for the pr	FL 68 Zip Cool	
office agent	or registered agent, or both, in the Stat I am familiar with, and accept the obli	te of Florida. Such change wa gations of, Section 617.0503,	s authorized b Florida Statute	y the corp is.	corporation's board of directors. I hereby accep	t the appointment as registered	
SIGNATUR	RE						
12.	Signature, typed or printed name of registered as	gent and title if applicable. (N ND DIRECTORS	OTE: Registered Ag	ent signature	required when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDECTORS IN 10	
TITLE	D	DELETE	1.1 TITLE		D	Change Addition	
NAME	GOEBEL, JAMES		1.2 NAME		John Willim		
STREET ADDRE			1.3 STREE	T ADDRESS	5832 Anderson Rd.	·	
CITY-ST-ZIP	MASCOTT FL		1.4 CITY-	ST-ZIP	Groveland, FL 34736		
TITLE	VD	DELETE	2.1 TITLE		VD	Change 🔑 Addition	
NAME	PHILLIPS, HOWARD		2.2 NAME		Ruth Phillips		
STREET ADDRE		RD	2.3 STREE	T ADDRESS	P. O. Box 960 4400	Simon Brown Rd.	
CITY-ST-ZIP	MASCOTTE FL		2.4 DITY-	ST-ZIP	Mascotte, FL 84758		
TITLE	PD	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME STREET ADDRE	LOWE, JAMES C JR ss 5848 LK CATHERINE RD		3.2 NAME	T ADDOCCO			
CITY-ST-ZIP	GROVELAND FL			T ADDRESS			
TITLE	D	DELETE	3.4. CITY-	31- LIF		Change Addition	
NAME	LITTLE, DORIS		4. 2 NAME			The second of th	
STREET ADDRE				T ADDRESS			
CITY-ST-ZIP	GROVELAND FL		4.4 CITY-				
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME	MONEY, FRED		5.2 NAME	j			
STREET ADDRE			5.3 STREE	T ADDRESS		•	
CITY - ST - ZIP	LEESBURG FL		5.4 CITY - 1	ST-ZIP			
TITLE	TD	DELETE	6.1 TITLE		T	☐ Change ☐ Addition	
NAME	SCHOENBERGER, ROGER		6.2 NAME	l	Roger Schoenberger	,	
STREET ADDRE				F ADDRESS	8924 Cherry Lake Rd.		
CITY-ST-ZIP	GROVELAND FL		6.4 CITY-1	ST-ZIP	Groveland H 34736		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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.