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FILED
May 19 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 # 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 34736-2733

3. Date Incorporated or Qualified: 09/01/1983
3a. Date of Last Report: 04/01/1996
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 under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, 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 (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOEBEL, JAMES	
STREET ADDRESS	30 N CARROL AVENUE	
CITY-ST-ZIP	MASCOTT FL	
TITLE	VD	<input checked="" 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 type="checkbox"/> DELETE
NAME	LITTLE, DORIS	
STREET ADDRESS	9945 SR 33	
CITY-ST-ZIP	GROVELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONEY, FRED	
STREET ADDRESS	2726 WEST SIDE DRIVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TD	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Willim	
1.3 STREET ADDRESS	5832 Anderson Rd.	
1.4 CITY-ST-ZIP	Groveland, FL 34736	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ruth Phillips	
2.3 STREET ADDRESS	P. O. Box 960 -- 4400 Simon Brown Rd.	
2.4 CITY-ST-ZIP	Mascotte, FL 34768	
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	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Roger Schoenberger	
6.3 STREET ADDRESS	8924 Cherry Lake Rd.	
6.4 CITY-ST-ZIP	Groveland, FL 34736	

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: _____ DATE: 4/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Roger Schoenberger
Daytime Phone #: 0088723

CR2E037 (9/96)