

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/01/1983		
4. FEI Number 59-1022741	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 Roger Schoenberger, Treas. *Roger Schoenberger, Treas.* **3/20/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOEBEL, JAMES	
STREET ADDRESS	30 N CARROL AVENUE	
CITY-ST-ZIP	MASCOTT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIM, JOHN	
STREET ADDRESS	5832 ANDERSON RD	
CITY-ST-ZIP	GROVELAND 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	VD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, RUTH	
STREET ADDRESS	PO BOX 960 -- 4400 SIMON BROWN RD	
CITY-ST-ZIP	MASCOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	Barbara Schroeder
1.4 CITY-ST-ZIP	12998 S. E. 50 St. Webster, FL 33597
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T
2.3 STREET ADDRESS	Roger Schoenberger
2.4 CITY-ST-ZIP	8924 Cherry Lake Rd. Groveland, FL 34736
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 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: Roger Schoenberger **3/20/98**

CR2E037 (10/97)