


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90020 027 \*\*\*\*61.25

0073051

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 770055**

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
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/01/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1022741
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHROEDER, BARBARA	
STREET ADDRESS	12998 S.E. 50 ST	
CITY-ST-ZIP	WEBSTER FL 33597	
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 checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Roger Schoenberger
5.3 STREET ADDRESS	8924 Cherry Lake Rd.
5.4 CITY-ST-ZIP	Groveland, FL 34736
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *Roger Schoenberger* 1/9/99 (352)-394-2261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)