FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770344

(0)

Mailing Address

SAINT MICHAEL EVANGELICAL LUTHERAN CHURCH OF WELLINGTON, FLORIDA, INC.

1925 BIRKDALE DRIVE 1925 BIRKDALE DRIVE WILLINGTON FL 33414-5809 WILLINGTON FL 33414 3. Date incorporated or Qualified 3a. Date of Last Report 09/22/1983 03/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2387200 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be WELLINGTON П 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 29 Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOOPER, GEORGE 82 Street Address (P.O. Box Number is Not Acceptable) 1935 BIRKDALE DRIVE 83 **WELLINGTON FL 33414** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE 50 NAME 'HINDES, RICHARD 1.2 NAME 3557 CYPRESSWOOD CT STREET ADDRESS 1.3 STREET ADDRESS LAKEWORTH FL 33467 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE PD Change Addition JAMES JANKE NAME TAGO DONNA 2.2 NAME 147 Kings WAY 8838 WENDY LANE SOUTH STREET ADDRESS 2.3 STREET ADDRESS 33411 Royal Prim Bch WEST PALM REACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP VD TITLE DELETE 3.1 TITLE Change : Addition Pebby Burt 843 Lemongrass Lane MANONEY, DAVID NAME 3.2 NAME 13453 QOUBLETREE TRAIL 3.3 STREET ADDRESS STREET ADDRESS Welling Ton WILLINGTON FL 33414 CITY-ST-ZIP 3.4. CITY-ST-ZIP **Change** TITLE DELETE 4.1 TITLE Addition Dan Rothenberger LMONSON, JACKIE NAME 4. 2 NAME 13755 Ishwala Circle 14564 ROLLING ROCK WELLINGTON FL STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE FSD 5.1 TITLE Addition HUCKABEY, GEORGE NAME 5.2 NAME 1073 ISLAND MANOR DRIVE STREET ADDRESS **5.3 STREET ADDRESS** WEST PALM BEACH FL 33413 City-St-ZiP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition DUDA, DREW NAME 6.2 NAME 16280 SECRETARIAT LANE STREET ADORESS **6.3 STREET ADDRESS**

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.

6.4 CITY-ST-ZIP

SIGNATURE: NIGNATURE SUD TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOXAHATCHEE FL 33470

CITY-ST-ZIP

//26/97 56/-793-4999 Date Daytime Prone # 0041137

FILED

Jan 31 1997 8:00am

Secretary of State

CR2E037 (9/96)