

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **770767** (2)

1. Corporation Name

CHRIST THE KING LUTHERAN CHURCH OF LABELLE, INC.

Principal Place of Business

1362 THIGPEN RD.
LA BELLE FL 33935

Mailing Address

P.O. BOX 2825
LABELLE FL 33935
US

3. Date Incorporated or Qualified

10/17/1983

4. FEI Number

59-2363738

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAUSEN, BILL
1205 COUNTY ROAD 830
FELDA FL 33930

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	CLAUSEN, BILL	1.2 NAME	
STREET ADDRESS	1205 C.R. 830	1.3 STREET ADDRESS	
CITY-ST-ZIP	FELDA FL 33930	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	PEREZ, LYNN	2.2 NAME	
STREET ADDRESS	2745 CASE RD., LABELLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	MEAD, TOM	3.2 NAME	
STREET ADDRESS	POB 2109, 1200 TAMPA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	THOMSON, JOHN	4.2 NAME	
STREET ADDRESS	220 PARK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

William R. Clausen William R. (Bill) Clausen 1/25/98

941 675 3413

941 675 2733

CR2E037 (10/97)