FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10012 (8)

1. Corporation Name

CHRIST LUTHERAN CHURCH OF JACKSONVILLE, FLORIDA

Principal Place of Business	Mailing Address
7576 SAN JOSE BLVD JACKSONVILLE FL 32217	7576 SAN JOSE BLVD JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-0979765 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHECK, GERALD E 7576 SAN JOSE BLVD JACKSONVILLE FL 32217	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	President ☒ Change ☐ Addition	
NAME	GEHRIG, ROBERT	12 NAME	Robert Gehrig	
STREET ADDRESS	3753 HILLIARD RD.	13 STREET ADDRESS	3753 Hilliard	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, Fl 322174217	
TITLE	PD	21 TITLE	Director of Administation ☒ Change ☐ Addition	
NAME	RAUCH, DON	22 NAME	Don Rauch	
STREET ADDRESS	9738 SHARING CROSS CT.	23 STREET ADDRESS	9738 Sharing Cross Ct.	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, Fl 32257-5477	
TITLE	TD	31 TITLE	Treasurer ☒ Change ☐ Addition	
NAME	WINTHER, HARRY	32 NAME	Larry Davis	
STREET ADDRESS	11794 BRADY RD.	33 STREET ADDRESS	970 Orangewood Rd	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, Fl 32259-3122	
TITLE	SD	41 TITLE	☐ Change ☐ Addition	
NAME	GEHRIG, GLADYS	42 NAME		
STREET ADDRESS	3753 HILLIARD ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	Vice-President ☒ Change ☐ Addition	
NAME	MARTIN, DON	52 NAME	Frank Pearce	
STREET ADDRESS	4903 REED AVE.	53 STREET ADDRESS	4105 London road	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville, Fl 32207-6330	
TITLE	D	61 TITLE	Finicial Secretary ☐ Change ☐ Addition	
NAME	RITAMANN, PETER	62 NAME	Peter Ritzmann	
STREET ADDRESS	5071 WINCHESTER DR., S.	63 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert W. Gehrig April 24, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0001629