

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
04/27/1995

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

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25

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9. Name and Address of Current Registered Agent

4. FEI Number
59-0979765

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**SCHECK, GERALD E
7576 SAN JOSE BLVD
JACKSONVILLE FL 32217**

**Ronald J. Stark
7576 San Jose Boulevard
Jacksonville, FL 32217**

81 Name

Ronald J. Stark

82 Street Address (P.O. Box Number is Not Acceptable)

7576 San Jose Boulevard

83

Jacksonville, FL 32217

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

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

(NOTE: Registered Agent signature required when reinstating)

2/8/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **GEHRIG, ROBERT**
STREET ADDRESS **3753 HILLIARD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DA** ☐ DELETE
NAME **RAUCH, DON**
STREET ADDRESS **9738 SHARING CROSS CT.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☒ DELETE
NAME **DAVIS, LARRY**
STREET ADDRESS **970 ORANGEWOOD RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ DELETE
NAME **GEHRIG, GLADYS**
STREET ADDRESS **3753 HILLIARD ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP** ☒ DELETE
NAME **PEARCE, FRANK**
STREET ADDRESS **4105 LONDON ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **FS** ☐ DELETE
NAME **RITZMANN, PETER**
STREET ADDRESS **5071 WINCHESTER DR., S.**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Freeman Cheryl Treasurer ☒ Change ☐ Addition
**639 Matterhorn Road
Jacksonville, FL 32216**

Jack Williams VP ☒ Change ☐ Addition
**3073 Amellia Drive
Jacksonville, FL 32257**

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)(k), 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 Gehrig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

904-733-6980

Date

Daytime Phone #

CR2E037 (12/95)