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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10012 (8)**
1. Corporation Name
CHRIST LUTHERAN CHURCH OF JACKSONVILLE, FLORIDA



Principal Place of Business 7576 SAN JOSE BLVD JACKSONVILLE FL 32217	Mailing Address 7576 SAN JOSE BLVD JACKSONVILLE FL 32217
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3. Date Incorporated or Qualified 06/30/1992
4. FEI Number 59-0979765
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STARK, RONALD J.
7576 SAN JOSE BOULEVARD
JACKSONVILLE FL 32217**

81 Name Robert W. Ward
82 Street Address (P.O. Box Number is Not Acceptable) 4032 San Clerc Road
83
84 City Jacksonville
FL 85 32217

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 Robert W. Ward Robert W. Ward DATE 2/3/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE DA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, JOHN C		1.2 NAME WILLIAMS, JOHN C.	
STREET ADDRESS 3073 AMELLIA DR		1.3 STREET ADDRESS 3073 AMELLIA DR.	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP JACKSONVILLE, FL 32257	
TITLE DA	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAUCH, DON		2.2 NAME SMITH, DON	
STREET ADDRESS 9738 SHARING CROSS CT.		2.3 STREET ADDRESS 5663 GREENLAND RD.	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP JACKSONVILLE, FL 32258	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FREEMAN, CHERYL		3.2 NAME HAMANN, CAROL	
STREET ADDRESS 639 MATTERHORN ROAD		3.3 STREET ADDRESS 3059 INDIAN HILL DR.	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP JACKSONVILLE, FL 32257	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GEHRIG, GLADYS		4.2 NAME WILLIAMS, NORMA	
STREET ADDRESS 3753 HILLIARD ROAD		4.3 STREET ADDRESS 3073 AMELLIA DR.	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP JACKSONVILLE, FL 32257	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARD, ROBERT		5.2 NAME Ward, Robert	
STREET ADDRESS 4032 SAN CLERC RD		5.3 STREET ADDRESS 4032 SAN CLERC RD.	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP JACKSONVILLE, FL 32217	
TITLE FS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE FS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RITZMANN, PETER		6.2 NAME MAYER, JOHN	
STREET ADDRESS 6071 WINCHESTER DR., S.		6.3 STREET ADDRESS 3714 MARIANNA RD.	
CITY-ST-ZIP JACKSONVILLE FL		6.4 CITY-ST-ZIP JACKSONVILLE, FL 32217	

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: Robert W. Ward ROBERT W. WARD, PRESIDENT DATE 2/3/98 (904) 399-6612

CR2E037 (10/97)