

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90152 022 ****61.25

000657

DOCUMENT # C10012

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-0979765

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

WARD, ROBERT W.
4032 SAN CLERC ROAD
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name

ENQUIST, Walter R

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

112 Village Green Ave.

83

84 City

Jacksonville

FL

85 Zip Code
32259

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 Walter R. Enquist Pastor Walter R. Enquist

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

(NOTE: Registered Agent signature required when reinstating)

2-2-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	DA	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JOHN C	
STREET ADDRESS	3073 AMELIA DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, DON	
STREET ADDRESS	5663 GREENLAND RD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAMANN, CAROL	
STREET ADDRESS	639 MATTERHORN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, NORMA	
STREET ADDRESS	3073 AMELIA DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WARD, ROBERT	
STREET ADDRESS	4032 SAN CLERC RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	FS	<input type="checkbox"/> DELETE
NAME	MAYER, JOHN	
STREET ADDRESS	3714 MARIANNA RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICKS, PAT	
1.3 STREET ADDRESS	9230 HECKSCHER DR.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DON SMITH	
2.3 STREET ADDRESS	5663 GREENLAND RD.	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MAYER, JOHN	
3.3 STREET ADDRESS	3714 Marianne Rd. Jacksonville, FL	
3.4 CITY-ST-ZIP	32217	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAMS, NORMA	
4.3 STREET ADDRESS	3073 AMELIA DR.	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	DA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WARD, ROBERT	
5.3 STREET ADDRESS	4032 SAN CLERC RD	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217	
6.1 TITLE	FS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PULLIAM, KAREN	
6.3 STREET ADDRESS	3473 JACQUELINE DR.	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	

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, with all other like empowered.

SIGNATURE: WALTER R. ENQUIST Pastor Walter R. Enquist 2-2-99 (904) 733-3644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)