

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

4-6-95 B-3099-XC

APPROVED AND FILED

95 APR -6 AM 7:16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # C10181 (1)

1. Corporation Name
THE EVANGELICAL LUTHERAN CHURCH OF THE HOLY COMFORTER

Principal Place of Business Mailing Address
10255 PARADISE BLVD TREASURE ISLAND FL 33706-3128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1992
3a. Date of Last Report 04/18/1994
4. FEI Number 59-2397014
Applied For Not Applicable
5. Certificate of Status Desired \$0.75 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

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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

PIEPER, PAUL F REV
11325 7TH ST E
TREASURE ISLAND FL 33706-3037

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

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	PIEPER, PAUL F. W.
STREET ADDRESS	11325 7TH ST E
CITY- ST- ZIP	TREASURE ISLAND FL
TITLE	VT
NAME	SCOTT, DENNY
STREET ADDRESS	10242 TARPON ST
CITY- ST- ZIP	TREASURE ISLAND FL
TITLE	ST
NAME	KOELSCH, SHARON
STREET ADDRESS	3157 64TH WAY N.
CITY- ST- ZIP	ST. PETERSBURG FL 33710
TITLE	TT
NAME	SHARPE, RUBY
STREET ADDRESS	2501 PASS-A-GRILLE WAY
CITY- ST- ZIP	ST PETERSBURG FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	33706
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VT Rudisill, Larry
2.3 STREET ADDRESS	10221 Tarpon Dr.
2.4 CITY- ST- ZIP	Treasure Island, Fl. 33706
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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: Paul F. W. Pieper Paul F. W. Pieper 4/3/95 813 360-5739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #