

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **C10181** (1)

1. Corporation Name  
**THE EVANGELICAL LUTHERAN CHURCH OF THE HOLY COMF ORTER**



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

3. Date Incorporated or Qualified: 06/29/1992  
3a. Date of Last Report: 04/06/1995

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

4. FEI Number: 59-2397014  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**PIEPER, PAUL F REV  
11325 7TH ST E  
TREASURE ISLAND FL 33706-3037**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when filing.)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | PT<br>PIEPER, PAUL F. W.<br>11325 7TH ST E<br>TREASURE ISLAND FL 33706 | <input type="checkbox"/> DELETE                       | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  |   | 1.2 NAME   |
| STREET ADDRESS             |  |   | 1.3 STREET ADDRESS   |
| CITY-ST-ZIP                |  |   | 1.4 CITY-ST-ZIP  |
| TITLE                      | VT<br>RUDISILL, LARRY<br>10221 TARPON DR.<br>TREASURE ISLAND FL 33706  | <input type="checkbox"/> DELETE                       | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  |   | 2.2 NAME   |
| STREET ADDRESS             |  |   | 2.3 STREET ADDRESS   |
| CITY-ST-ZIP                |  |   | 2.4 CITY-ST-ZIP  |
| TITLE                      | ST<br>KOELSCH, SHARON<br>3157 64TH WAY N.<br>ST. PETERSBURG FL 33710   | <input type="checkbox"/> DELETE                       | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  |   | 3.2 NAME   |
| STREET ADDRESS             |  |   | 3.3 STREET ADDRESS   |
| CITY-ST-ZIP                |  |   | 3.4 CITY-ST-ZIP  |
| TITLE                      | TT<br>SHARPE, RUBY<br>2501 PASS-A-GRILLE WAY<br>ST PETERSBURG FL 33706 | <input checked="" type="checkbox"/> DELETE            | 4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  |   | 4.2 NAME   |
| STREET ADDRESS             |  |   | 4.3 STREET ADDRESS   |
| CITY-ST-ZIP                |  |   | 4.4 CITY-ST-ZIP  |
| TITLE                      |  | <input type="checkbox"/> DELETE                       | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  |   | 5.2 NAME   |
| STREET ADDRESS             |  |   | 5.3 STREET ADDRESS   |
| CITY-ST-ZIP                |  |   | 5.4 CITY-ST-ZIP  |
| TITLE                      |  | <input type="checkbox"/> DELETE                       | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  |   | 6.2 NAME   |
| STREET ADDRESS             |  |   | 6.3 STREET ADDRESS   |
| CITY-ST-ZIP                |  |   | 6.4 CITY-ST-ZIP  |

|  |  |
|--|--|
| TT<br>Stajich, Sibylle<br>1847 Shore Dr. S. #315<br>South Pasadena, Fla. 33707 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|

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: Paul F. W. Pieper Paul F. W. Pieper 4/26/96 813 360-5739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)