

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/29/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 69-2397014	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	PIEPER, PAUL F. W.	
STREET ADDRESS	11325 7TH ST E	
CITY - ST - ZIP	TREASURE ISLAND FL 33706	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	RUDISILL, LARRY	
STREET ADDRESS	10221 TARPON DR.	
CITY - ST - ZIP	TREASURE ISLAND FL 33708	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KOELSCH, SHARON	
STREET ADDRESS	3157 64TH WAY N.	
CITY - ST - ZIP	ST. PETERSBURG FL 33710	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	STAJICH, SIBYLLE	
STREET ADDRESS	1847 SHORE DR S #315	
CITY - ST - ZIP	SOUTH PASADENA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VT
2.3 STREET ADDRESS	Thomas Soltis
2.4 CITY - ST - ZIP	11020 66th. Terr. N. Seminole, FL 34642
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST
3.3 STREET ADDRESS	Judith Fox
3.4 CITY - ST - ZIP	8 Island Dr. Treasure Island, Fla. 33706
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 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:  **4/28/97** (813) 360-5739
Date Daytime Phone # 0050197

CR2E037 (9/96)