

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 33708-3128	Mailing Address 10255 PARADISE BLVD TREASURE ISLAND FL 33708-3128
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3. Date Incorporated or Qualified
06/29/1992

4. FEI Number
59-2397014

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**PIEPER, PAUL F REV
 11325 7TH ST E
 TREASURE ISLAND FL 33708-3037**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIEPER, PAUL F. W.		1.2 NAME	
STREET ADDRESS 11325 7TH ST E		1.3 STREET ADDRESS	
CITY-ST-ZIP TREASURE ISLAND FL 33708		1.4 CITY-ST-ZIP	
TITLE VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOLTIS, THOMAS		2.2 NAME	
STREET ADDRESS 11020 66 TERR N		2.3 STREET ADDRESS 10355 Paradise Blvd. #511	
CITY-ST-ZIP SEMINOLE FL		2.4 CITY-ST-ZIP Treasure Island, FL 33706	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOX, JUDITH		3.2 NAME	
STREET ADDRESS 8 ISLAND DR		3.3 STREET ADDRESS	
CITY-ST-ZIP TREASURE ISLAND FL		3.4 CITY-ST-ZIP	
TITLE TT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAJICH, SIBYLLE		4.2 NAME	
STREET ADDRESS 1847 SHORE DR S #315		4.3 STREET ADDRESS	
CITY-ST-ZIP SOUTH PASADENA FL		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	

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: _____ **4/27/98** **813-360-5739**

CR2E037 (10/97)