

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90010 047 ****61.25

0052837

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # C10181

1. Corporation Name

THE EVANGELICAL LUTHERAN CHURCH OF THE HOLY COMFORT

Principal Place of Business

10255 PARADISE BLVD
 TREASURE ISLAND FL 33706-3128

Mailing Address

10255 PARADISE BLVD
 TREASURE ISLAND FL 33706-3128



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

30

3. Date Incorporated or Qualified

06/29/1992

4. FEI Number

59-2397014

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

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

(NOT E-Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT DELETE
 NAME PIEPER, PAUL F. W.
 STREET ADDRESS 11325 7TH ST E
 CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE VT DELETE
 NAME CLARK, GEORGE
 STREET ADDRESS 10355 PARADISE BLVD #511
 CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE ST DELETE
 NAME FOX, JUDITH
 STREET ADDRESS 8 ISLAND DR
 CITY-ST-ZIP TREASURE ISLAND FL

TITLE TT DELETE
 NAME STAJICH, SIBYLLE
 STREET ADDRESS 1847 SHORE DR S #315
 CITY-ST-ZIP SOUTH PASADENA FL

TITLE ST DELETE
 NAME KOELSCH, SHARON
 STREET ADDRESS 3157 64TH WAY N.
 CITY-ST-ZIP ST. PETERSEURG, FL 33710

TITLE VT DELETE
 NAME HOVIOUS, ELIZABETH
 STREET ADDRESS 450 Treasure Island Causeway #303
 CITY-ST-ZIP Treasure Island, FL 33706

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE TT Change Addition
 2.2 NAME CLARK, GEORGE
 2.3 STREET ADDRESS 10355 PARADISE BLVD. #511
 2.4 CITY-ST-ZIP TREASURE ISLAND, FL 33706

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME ST KOELSCH, SHARON
 5.3 STREET ADDRESS 3157 64th way N.
 5.4 CITY-ST-ZIP TREASURE ISLAND, FLA 33710

6.1 TITLE VT Change Addition
 6.2 NAME HOVIOUS, ELIZABETH
 6.3 STREET ADDRESS 450 TREASURE ISLAND CAUSEWAY #303
 6.4 CITY-ST-ZIP TREASURE ISLAND, FL 33706

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:

Paul F. W. Pieper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 PAUL F.W. PIEPER

4/23/99

Date

727-360-5739

Daytime Phone #

CR2E037 (11/98)