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FILED

Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K43020 (2)

1. Corporation Name
BETHLEHEM LUTHERAN DAY CARE, INC.

Principal Place of Business
1423 EIGHTH AVENUE NORTH
JACKSONVILLE BEACH FL 32250

Mailing Address
1423 EIGHTH AVENUE NORTH
JACKSONVILLE BEACH FL 32250-3535



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

3. Date Incorporated or Qualified

11/02/1988

3a. Date of Last Report

02/29/1996

4. FEI Number

59-2739956

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

BUCHHEIMER, REV. JOHN R.
1423 NORTH 8TH AVENUE
JACKSONVILLE BEACH FL 32250

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 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

John R. Buchheimer

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	BUCHHEIMER, REV. JOHN R.	
STREET ADDRESS	209 TALWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	D	☐ DELETE
NAME	RAHN, EDWARD W.	
STREET ADDRESS	5442 WOODWIND TERR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	CHRIST, GEORGE W.	
STREET ADDRESS	503 N 17TH AVE.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	SD	☒ DELETE
NAME	JONES, THERESA	
STREET ADDRESS	909 N 13TH ST.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	PD	☐ DELETE
NAME	TONN, EUGENE T.	
STREET ADDRESS	8552 BURKHALL ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	☐ DELETE
NAME	HUNAVY, MARY JO	
STREET ADDRESS	108 SEAGRAPE DR.	
CITY-ST-ZIP	JACKSONVILLE BCH FL	

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	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address

SIGNATURE:

John R. Buchheimer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)