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Mar 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1988

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME BUCHHEIMER, REV. JOHN R.
STREET ADDRESS 209 TALWOOD ROAD
CITY-ST-ZIP JACKSONVILLE BCH FL

☐ DELETE

TITLE D
NAME RAHN, EDWARD W.
STREET ADDRESS 5442 WOODWIND TERR.
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE D
NAME CHRIST, GEORGE W.
STREET ADDRESS 503 N 17TH AVE.
CITY-ST-ZIP JACKSONVILLE BCH FL

☐ DELETE

TITLE PD
NAME TONN, EUGENE T.
STREET ADDRESS 8552 BURKHALL ST.
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE T
NAME HUNAVY, MARY JO
STREET ADDRESS 108 SEAGRAPE DR.
CITY-ST-ZIP JACKSONVILLE BCH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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 if changed, or on an attachment with an address.

SIGNATURE *Mary Jo Hunavy* 2-20-98 949-4119

CR2E034 (10/97)