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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00149** (7)

1. Corporation Name

**ST. MARK'S LUTHERAN CHURCH OF HOLLYWOOD, FLORIDA
, INC.**

Principal Place of Business

Mailing Address

**% ROGER L. WALKER
502 N. 28TH AVE.
HOLLYWOOD FL 33020**

**% ROGER L. WALKER
502 N. 28TH AVE.
HOLLYWOOD FL 33020**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/02/1983

4. FEI Number

59-0879962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number Is Not Acceptable)

33

34 City

FL

35

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
WEIGAND, RON**
STREET ADDRESS **2380 SW 70 TERR**
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ DELETE

NAME **VD
REESE, DREW**
STREET ADDRESS **2950 SW 46TH CT**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ DELETE

NAME **SD
HOFMAN, JUDY**
STREET ADDRESS **5917 SW 37 AVE.**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE

NAME **T
GOTTLIEB, KAREN**
STREET ADDRESS **772 NE 72ND TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **V
JONES, CAROL**
STREET ADDRESS **249 NW 108TH TERR**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Karen Gottlieb KAREN GOTTLIEB

4-22-98

305-687-8383

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