

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90088 031 ****61.25

DOCUMENT # N00149

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



| | | | | | |
|--------------------------------|-------------------------|----------------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21. % James Essig | 26. % James Essig | 12/02/1983 | | | |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 4. FEI Number | | Applied For | |
| 502 N 28th Ave | 502 N 28th Ave | 59-0879962 | | Not Applicable | |
| 23. City & State | 28. City & State | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Hollywood FL | Hollywood FL | 6. Election Campaign Financing | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | 29. Zip | 30. Country | | | |
| 33020 | 33020 | USA | | | |

9. Name and Address of Current Registered Agent

VEHLING JAMES J. (REV.)
502 N. 28TH AVE.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

| | |
|--|----|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. State | 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

(NO. 1 Registered Agent signature required when terminating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2 | |
|----------------------------|-------------------|---|-----------------------|
| TITLE | PD | 1.1 TITLE | PRESIDENT |
| NAME | WEIGAND, RON | 1.2 NAME | James Essig |
| STREET ADDRESS | 2380 SW 70 TERR | 1.3 STREET ADDRESS | 249 NW 106th Terr |
| CITY-STATE-ZIP | DAVE FL | 1.4 CITY-STATE-ZIP | Hollywood FL 33020 |
| TITLE | VD | 2.1 TITLE | Vice President |
| NAME | REESE, DREW | 2.2 NAME | HUGHES, KAREN |
| STREET ADDRESS | 2950 SW 46TH CT | 2.3 STREET ADDRESS | 6540 Scott Street |
| CITY-STATE-ZIP | FT LAUDERDALE FL | 2.4 CITY-STATE-ZIP | Hollywood FL 33024 |
| TITLE | VD | 3.1 TITLE | |
| NAME | LARSEN, KURT | 3.2 NAME | |
| STREET ADDRESS | 5810 SW 36 TERR | 3.3 STREET ADDRESS | |
| CITY-STATE-ZIP | FT LAUD FL 33312 | 3.4 CITY-STATE-ZIP | |
| TITLE | T | 4.1 TITLE | Treasurer |
| NAME | GOTTLIEB, KAREN | 4.2 NAME | Gottlieb, Karen |
| STREET ADDRESS | 772 NE 72ND TERR | 4.3 STREET ADDRESS | 1730 NE 153 St |
| CITY-STATE-ZIP | MIAMI FL | 4.4 CITY-STATE-ZIP | Hollywood FL 33160 |
| TITLE | V | 5.1 TITLE | Secretary |
| NAME | JONES, CAROL | 5.2 NAME | Mills, Marilyn |
| STREET ADDRESS | 249 NW 106TH TERR | 5.3 STREET ADDRESS | 21235 NE 9th Court #2 |
| CITY-STATE-ZIP | HOLLYWOOD FL | 5.4 CITY-STATE-ZIP | N. MIAMI FL 33179 |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE: Karen Gottlieb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-99

305-687-8383 Ext. 242

Daytime Phone #

CR2E037 (1/98)