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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N15397 (5)

1. Corporation Name

HOLY SPIRIT LUTHERAN CHURCH, INC.

Principal Place of Business	Mailing Address
13301 ELLISON WILSON RD JUNO BEACH FL 33408-9160	13301 ELLISON WILSON RD JUNO BEACH FL 33408-9160

3. Date Incorporated or Qualified: 06/13/1986

4. FEI Number: 59-2586512 ☐ 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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LYNN MCSHERRY
6122 DANIA ST
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name: Phil Gatlin
82 Street Address (P.O. Box Number is Not Acceptable): 10162 Dogwood Avenue
83: Palm Beach Gardens,
84 City: Palm Beach Gardens **FL** 85 Zip Code: 33410

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: Phil Gatlin Phil Gatlin, President 2-9-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LYNN MCSHERRY		1.2 NAME	Phil Gatlin	
STREET ADDRESS	61222 DANIA ST		1.3 STREET ADDRESS	10162 Dogwood Avenue	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CARL HANSEN		2.2 NAME	Ruth Staehle	
STREET ADDRESS	264 RIVER DR		2.3 STREET ADDRESS	2480 Treasure Isle Drive	
CITY-ST-ZIP	TEQUESTA FL		2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	DEBBIE NEWELL		3.2 NAME	Ken Metzing	
STREET ADDRESS	15802 NORTH 92ND WAY		3.3 STREET ADDRESS	5841 Roebuck Road	
CITY-ST-ZIP	JUPITER FL		3.4 CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	GATLIN, NANCY		4.2 NAME	Ross Romanzak	
STREET ADDRESS	10162 DOGWOOD AVENUE		4.3 STREET ADDRESS	6145 Drake Street	
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 receivor 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: Phil Gatlin Phil Gatlin, President 2-9-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #