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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15397

1. Corporation Name

HOLY SPIRIT LUTHERAN CHURCH, INC.

Principal Place of Business

13301 ELLISON WILSON RD
 JUNO BEACH FL 33408-9160

Mailing Address

13301 ELLISON WILSON RD
 JUNO BEACH FL 33408-9160



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

GATLIN, PHIL
 10162 DOGWOOD AVE
 PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

Amy Dalton

82 Street Address (P.O. Box Number is Not Acceptable)

4114 Catalpha Avenue

83

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

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

(NOTE: Registered Agent signature required when reinstating)

1/25/99

12.

OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	GATLIN, PHIL	
STREET ADDRESS	10162 DOGWOOD AVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VD	☒ DELETE
NAME	STAEHLE, RUTH	
STREET ADDRESS	2480 TREASURE ISLE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SD	☐ DELETE
NAME	METZING, KEN	
STREET ADDRESS	5841 ROEBUCK RD	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	TD	☐ DELETE
NAME	ROSS, ROMANZAK	
STREET ADDRESS	6145 DRAKE ST	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Amy Dalton	
1.3 STREET ADDRESS	4114 Catalpha Avenue	
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	Gerolyn Jenkins	
2.3 STREET ADDRESS	813 Hummingbird Way, #6A	
2.4 CITY-ST-ZIP	North Palm Beach, FL 33	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)