SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16100** **(2)**

1. Corporation Name

ST. PETER'S EVANGELICAL LUTHERAN CHURCH OF ORANG E PARK, FLORIDA, INC.

Principal Place of Business	Mailing Address
1614 BLANDING BLVD. P.O.BOX 698 ORANGE PARK FL 32067-7898	1614 BLANDING BLVD. P.O.BOX 698 ORANGE PARK FL 32067-7898

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1986
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2351739 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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

KRUMWIEDE, HAROLD
8467 MOSS POINTE TRAIL
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent

81 Name: BRANDT, WALTER
82 Street Address (P.O. Box Number is Not Acceptable): RT 5 Box 7986
83
84 City: STARKE FL 85 Zip Code: 32091

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: BRANDT, WALTER Walter Brandt DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	~~D~~	☒ Change ☐ Addition
NAME	CROSS, DOUG	1.2 NAME	~~KRUMWIEDE, HAROLD~~	
STREET ADDRESS	4965 BARKWOOD LN	1.3 STREET ADDRESS	~~8467 MOSS POINTE TRAIL~~	
CITY-ST-ZIP	MIDDLEBURG FL	1.4 CITY-ST-ZIP	~~JACKSONVILLE FL 32244~~	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BRANDT, WALTER	2.2 NAME		
STREET ADDRESS	RT 5 BOX 7986	2.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	MILLS, KATHI	3.2 NAME		
STREET ADDRESS	2401 MOLLY LN	3.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPGS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, ROLAND	4.2 NAME		
STREET ADDRESS	3490 TOMS CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENCOVE SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	GARY MUSSELMAN	
STREET ADDRESS		5.3 STREET ADDRESS	4113-B MUSTANG RD.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Walter Brandt
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0001102