FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name N16100

ST. PETER'S EVANGELICAL LLITHERAN CHURCH OF ORANG

	K, FLORIDA, INC.	TIERAN GRONOR OF O	INITO		
Principal Plac	e of Business	Mailing Address		E HODISTOL OUT HOLD ON HAND THEN THE STORE AND THE STORE AS IN A STORE A	DAN MENDE ONDIA MANA MANA MANANAMANA
1614 BLANDING BLVD. P.O.BOX 898 ORANGE PARK FL 32067-7898		1614 BLANDING BLVD. P.O.BOX 898 ORANGE PARK FL 32067-01	896		
·				3. Date incorporated or Qualified 07/29/1986	n. Date of Last Report 04/25/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 59-235 1739	Applied For Not Applicable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stal	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	B. This corporation has liability for Intan	
24	25 25 Name and Address of Curre		30	Florida Statutes Ye 10. Name and Address of New Register	
	S. Name and Address of Con-	auf undistaten währif	81 Name	10. Name and Address of New Negrot	neu ryen
0041101	7 14/41 TPO			TEORGE VAUGAN	
BRANDT, WALTER			82 Street Ad	dress (P.Q. Box Number is Not Acceptable)	
RT. 5 BOX 7986			83	36 CASTILLE DR	IVE
STARKE	FL 32091		83		
	_		84 City	ANGE PARK	FL 85 Zip Code 32073
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statute	es, the above-named co	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered
agent بلا	registered agent, or both in the sta enriemital with, and agrept the ob-	te of Florida, Such change was a ignitions of Section 617,0503, Fic	rida Statutes.	ation a board of directors. I hereby accept the	appointment as registered
SIGNATURE	100 ml Moham	- GEORGE VIAUG	Registered Agent signature red	TEE //25	797
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	l D	DELETE	1.1 TITLE	TAUSTEE	Change Addition
NAME	CROSS, DOUG			GEORGE VAUGHN	
STREET ADDRESS	4965 BARKWOOD LN		1.3 STREET ADDRESS	1736 CASTILLE DRIVE	
CITY - ST - ZIP	MIDDLEBURG FL		1.4 CITY-ST-ZIP	DRANGE PARK, FL 320:	7.3
TITLE	D	☐ DELETE	2.1 TITLE	<u> </u>	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	DELETE	3.1 TITLE	SECRETARY	Change Addition
NAME	MILLS, KATHI	1.		MARGARET GRUNZKI	<u>r</u>
STREET ADDRESS	A464 A4614 V 1 1 1		3.3 STREET ADDRESS		
CITY - ST - ZIP			9.9 O LIVEE I MUDINE 3.9	1777 FINDLERS RIDGE	DRIVE
TITLE	GREEN COVE SPGS FL		3.4. CITY-ST-ZIP	1777 FIDDLERS RIDGE ORANGE PARK FL	DRIVE 32073
NAME	GREEN COVE SPGS FL D	DELETE		ORANGE PARK, FL. PRESIDENT	DRIVE
PRANTE		DELETE	3.4. CITY-ST-ZIP	PRESIDENT	32073
STREET ADDRESS	D NELSON, ROLAND	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	PRESIDENT PHILLIP PAUELA	DRIVE 32073 □ Change □ Addition
	D	<i>,</i>	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	PRESIDENT PHILLIP PAUELA	DRIVE 32073 □ Change □ Addition
STREET ADDRESS	D NELSON, ROLAND 3490 TOMS CT	DELETE DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	PRESIDENT	DRIVE 32073 □ Change □ Addition
STREET ADDRESS City-St-Zip	D NELSON, ROLAND 3490 TOMS CT GREENCOVE SPRINGS FL	<i>,</i>	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PRESIDENT PHILLIP PAUELA	DRIVE 32073 ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	D NELSON, ROLAND 3490 TOMS CT GREENCOVE SPRINGS FL D	<i>,</i>	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	PRESIDENT PHILLIP PAUELA	DRIVE 32073 Uthange Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	D NELSON, ROLAND 3490 TOMS CT GREENCOVE SPRINGS FL D MUSSELMAN, GARY	<i>,</i>	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	PRESIDENT PHILLIP PAUELA	DRIVE 32073 Uthange Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D NELSON, ROLAND 3490 TOMS CT GREENCOVE SPRINGS FL D MUSSELMAN, GARY 4113-B MUSTANG ROAD	<i>,</i>	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	PRESIDENT PHILLIP PAUELA	DRIVE 32073 ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, ROLAND 3490 TOMS CT GREENCOVE SPRINGS FL D MUSSELMAN, GARY 4113-B MUSTANG ROAD	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PRESIDENT PHILLIP PAUELA	32073 Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D NELSON, ROLAND 3490 TOMS CT GREENCOVE SPRINGS FL D MUSSELMAN, GARY 4113-B MUSTANG ROAD MIDDLEBURG FL	☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	PRESIDENT PHILLIP PAUELA	32073 Change

14. I do 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 instead appears in Block 12 or Block 13 if charged, or on an attackment with an address.

SIGNATURE: