

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90034 012 ****61.25

0001057

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N16100

1. Corporation Name

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

Principal Place of Business

1614 BLANDING BLVD.
P.O. BOX 898
ORANGE PARK FL 32067-7898

Mailing Address

1614 BLANDING BLVD.
P.O. BOX 898
ORANGE PARK FL 32067-7898



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

07/29/1986

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

9. Name and Address of Current Registered Agent

**SNOW, BRIAN
6117 ISLAND FOREST DRIVE
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81 Name *Walter Brandt*
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 *Walter Brandt - DIRECTOR*

1-10-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T	☒ DELETE
NAME	BARTON, ERIC	
STREET ADDRESS	2020 WELLS RD 16G	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	☐ DELETE
NAME	BRANDT, WALTER	
STREET ADDRESS	RT 5 BOX 7986	
CITY-ST-ZIP	STARKE FL	
TITLE	S	☐ DELETE
NAME	OLSON, BETTY	
STREET ADDRESS	4169 APPALOOSA RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	P	☐ DELETE
NAME	CROSS, DOUG	
STREET ADDRESS	4965 BARKWOOD LANE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	T	☐ DELETE
NAME	OLSON, VIRGIL	
STREET ADDRESS	4169 APPALOOSA RD	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	☐ Change ☒ Addition
1.2 NAME	Lance Lewis	
1.3 STREET ADDRESS	1994 Sussex Dr. E	
1.4 CITY-ST-ZIP	Orange Park FL 32073	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Daniel Mattingly	
2.3 STREET ADDRESS	1824 Blue Bonnet Way	
2.4 CITY-ST-ZIP	Orange Park FL 32073	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	Paula Kukelhan	
3.3 STREET ADDRESS	3891 Main St	
3.4 CITY-ST-ZIP	Middleburg FL 32068	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TR	☒ Change ☐ Addition
5.2 NAME	Virgil Olson	
5.3 STREET ADDRESS	4169 Appaloosa Rd	
5.4 CITY-ST-ZIP	Middleburg FL 32068	
6.1 TITLE	T	☐ Change ☒ Addition
6.2 NAME	Brian Snow	
6.3 STREET ADDRESS	6117 Island Forest Dr.	
6.4 CITY-ST-ZIP	Orange Park FL 32073	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Walter Brandt* DIRECTOR

1-10-99

904-292-8876

904-964-5384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)