

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 FEB 17 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N18316 (2)**

1. Corporation Name  
**NATIVITY LUTHERAN CHURCH OF SPRING HILL, INC.**

Principal Place of Business Mailing Address  
**6363 COMMERCIAL WAY WEEKI WACHEE FL 34613 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/18/1986** 3a. Date of Last Report **01/25/1994**  
4. FEI Number **59-2584667** 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  **\$68.75 Supplemental Fee Not Required**  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**JOHANSON, VICKIE ANN  
6363 COMMERCIAL WAY  
BROOKSVILLE FL 34613**

10. Name and Address of New Registered Agent  
81 Name **Virginia T. Orlando**  
82 Street Address (P.O. Box Number is Not Acceptable) **6363 Commercial Way**  
83  
84 City **Weeki Wachee** FL 85 Zip Code **34613**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Virginia T. Orlando* **Virginia T. Orlando Council President 1-24-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HANNEMAN, LESTER A. JR.
STREET ADDRESS	9618 BEARFOOT TRAIL
CITY-ST-ZIP	BROOKSVILLE FL 34613
TITLE	VD
NAME	WERNER, RUTH
STREET ADDRESS	3407 WINDJAMMER DRIVE
CITY-ST-ZIP	SPRING HILL FL
TITLE	SD
NAME	ORLANDO, VIRGINIA
STREET ADDRESS	7272 BOTTLEBRUSH DRIVE
CITY-ST-ZIP	SPRING HILL FL
TITLE	TD
NAME	SENNY, FRANK
STREET ADDRESS	2508 ANCHOR AVENUE
CITY-ST-ZIP	SPRING HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ORLANDO, VIRGINIA T.	
1.3 STREET ADDRESS	7272 BOTTLE BRUSH DR.	
1.4 CITY-ST-ZIP	SPRING HILL, FL 34606	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STENGER, MARION	
2.3 STREET ADDRESS	1312 MASADA LN	
2.4 CITY-ST-ZIP	SPRING HILL, FL 34608	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BORNSCHEUR, RENEE	
3.3 STREET ADDRESS	5373 SUWANNEE RD.	
3.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34607	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HANNEMAN, LESTER A. JR.	
4.3 STREET ADDRESS	9618 BEARFOOT TRAIL	
4.4 CITY-ST-ZIP	WEEKI WACHEE, FL 34613	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Virginia T. Orlando* **1-24-95** *7272-597-14-56*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)  
**VIRGINIA T. ORLANDO, Council President**