

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N18316** (2)

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



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

3. Date Incorporated or Qualified: 12/18/1986
3a. Date of Last Report: 02/17/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2584667	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No	
			30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORLANDO, VIRGINIA T.
6363 COMMERCIAL WAY
WEEKI WACHEE FL 34613

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORLANDO, VIRGINIA T.	1.2 NAME	
STREET ADDRESS	7272 BOTTLE BRUSH DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	Zip-34606
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENGER, MARION	2.2 NAME	VD BOLEN, MICHAEL
STREET ADDRESS	1312 MASADA LANE	2.3 STREET ADDRESS	7305 Cone Shell Drive
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	Spring Hill FL 34607
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORNSCHEUR, RENEE	3.2 NAME	SD DIEDRICH, ARTHUR
STREET ADDRESS	5373 SUWANNEE RD	3.3 STREET ADDRESS	10426 Abbeville St
CITY-ST-ZIP	WEEKI WACHEE FL	3.4 CITY-ST-ZIP	Spring Hill FL 34608
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANNEMAN, LESTER A.	4.2 NAME	
STREET ADDRESS	9618 BEARFOOT TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEEKI WACHEE FL	4.4 CITY-ST-ZIP	Zip-34613
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ASSISTANT TREASURER
STREET ADDRESS		5.3 STREET ADDRESS	SENRY, FRANK
CITY-ST-ZIP		5.4 CITY-ST-ZIP	2508 Anchor Ave Spring Hill FL 34608
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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 Date: 2/14/96 Daytime Phone #: 352-597-1456

CR2E037 (12/95)