

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 59-2584667  
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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: DIEDRICH, ARTHUR M. 6363 COMMERCIAL WAY WEEKI WACHEE FL 34613

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: Arthur M. Diedrich (with handwritten signature) 3-12-1998  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIEDRICH, ARTHUR M.	
STREET ADDRESS	104226 ABBEVILLE STREET	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOLEN, MICHAEL	
STREET ADDRESS	7305 CONE SHELL DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	APPLEGATE, DEBRA	
STREET ADDRESS	13283 CURRY DRIVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ABENDSCHEIN, PHYLLIS	
STREET ADDRESS	7368 SUGARBUSH DRIVE	
CITY-ST-ZIP	WEEKI WACHEE FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HANNEMAN, LESTER A.	
STREET ADDRESS	9618 BEARFOOT TRAIL	
CITY-ST-ZIP	WEEKI WACHEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Diedrich, Arthur M.	
1.3 STREET ADDRESS	10426 Abbeville St.	
1.4 CITY-ST-ZIP	Spring Hill, Fl. 34608	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alt, Arthur	
2.3 STREET ADDRESS	7415 First Circle Dr.	
2.4 CITY-ST-ZIP	Brooksville, Fl. 34613	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Applegate, Debra	
3.3 STREET ADDRESS	13283 Curry Dr.	
3.4 CITY-ST-ZIP	Spring Hill, Fl. 34609	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Johnson, John H.	
4.3 STREET ADDRESS	14032 Bruni Dr.	
4.4 CITY-ST-ZIP	Spring Hill Fl. 34609	
5.1 TITLE	AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Hanneman, Lester A.	
5.3 STREET ADDRESS	9618 Bearfoot Trail	
5.4 CITY-ST-ZIP	Weeki Wachee, Fl. 34613	
6.1 TITLE	600002463266	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/20/98--01037--008	
6.3 STREET ADDRESS	***61.25	
6.4 CITY-ST-ZIP		

14. I 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 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: (with handwritten signature) 3-12-1998 352-597-1456

CR2E037 (10/97)