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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N18316

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/18/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				- 59-2584667 -	
22		27		Applied For	
City & State		City & State		- Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		25		29	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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	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 *Theron Grant* 2-9-99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEDRICH, ARTHUR M.	1.2 NAME	Theron Grant
STREET ADDRESS	10426 ABBEVILLE STREET	1.3 STREET ADDRESS	17 Euphorbia
CITY-ST-ZIP	SPRING HILL FL 34608	1.4 CITY-ST-ZIP	Homosassa FL 34446
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALT, ARTHUR	2.2 NAME	
STREET ADDRESS	7415 FIRST CIRCLE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPLEGATE, DEBRA	3.2 NAME	Ernst Horeis
STREET ADDRESS	13283 CURRY DRIVE	3.3 STREET ADDRESS	11073 Cherrywood Ct
CITY-ST-ZIP	SPRING HILL FL 34609	3.4 CITY-ST-ZIP	Spring Hill, FL 34609
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHN H	4.2 NAME	
STREET ADDRESS	14032 BRUNI DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNEMAN, LESTER A.	5.2 NAME	
STREET ADDRESS	9618 BEARFOOT TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: *Theron Grant* SIGNATURE REQUIRED 2-9-99

CR2E037 (11/98)