


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29846** (5)  
1. Corporation Name

**ALL SAINTS LUTHERAN CHURCH-HUDSON, INC.**

Principal Place of Business	Mailing Address
<b>ALL SAINTS LUTHERAN CHURCH 9525 HUDSON AVE. HUDSON FL 34667 US</b>	<b>C/O THOMAS J. ZANDECKI 9525 HUDSON AVE. NEW PORT RICHEY FL 34667 US</b>

3. Date Incorporated or Qualified <b>12/21/1988</b>	Applied For
4. FEI Number <b>59-2915473</b>	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ZANDECKI, THOMAS J.  
7627 LITTLE ROAD  
SUITE 250  
NEW PORT RICHEY FL 34654**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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

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	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUNT, SHIRLEY</b>	
STREET ADDRESS	<b>1125 BLACK WALNUT</b>	
CITY-ST-ZIP	<b>HUDSON FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STAMER, RONALD</b>	
STREET ADDRESS	<b>2275 COUNTRY RIDGE LANE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>OESTERLING, EDITH</b>	
STREET ADDRESS	<b>6701 CLARION ST</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>GANZEL, DIANE</b>	
STREET ADDRESS	<b>9817 SAN DIEGO WAY</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DORIS, LOHER</b>	
STREET ADDRESS	<b>7806 RUSTY HOOK COURT</b>	
CITY-ST-ZIP	<b>BAYONET POINT FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Zapka, Sonja</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>9235 Duffer Court</b>	
1.3 STREET ADDRESS	<b>Hudson, FL</b>	
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>Doris Loher</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>7806 Rusty Hook Court</b>	
2.3 STREET ADDRESS	<b>Bayonet Point, FL 34667</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Layton, John</b>	
3.3 STREET ADDRESS	<b>8909 Kipling Ave</b>	
3.4 CITY-ST-ZIP	<b>Hudson, FL</b>	
4.1 TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Chase, Dick</b>	
4.3 STREET ADDRESS	<b>13931 Talmage Loop</b>	
4.4 CITY-ST-ZIP	<b>Hudson, FL</b>	
5.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Stamer, Barb</b>	
5.3 STREET ADDRESS	<b>2275 Country Ridge Lane</b>	
5.4 CITY-ST-ZIP	<b>Spring Hill, FL 34666</b>	
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 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: *Sonja Zapka* **REQUIRED**

CR2E037 (10/97)