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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N38785 (4)

1. Corporation Name

CHURCH OF THE LUTHERAN CONFESSION OF NORTH PORT, FLORIDA, INC.



Principal Place of Business

Mailing Address

% THEODORE W. GEITHMAN
14600 S. TAMiami TRAIL
NORTH PORT FL 34287

% THEODORE W. GEITHMAN
14600 S. TAMiami TRAIL
NORTH PORT FL 34287-2713

3. Date Incorporated or Qualified
06/22/1990

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEITHMAN, THEODORE W.
14124 S TAMiami TR
NORTH PORT FL 34287

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD DELETE
NAME PETERS, ROBERT A.
STREET ADDRESS 7445 MANASOTA KEY
CITY-ST-ZIP ENGLEWOOD FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD DELETE
NAME GURGEL, DANIEL
STREET ADDRESS 4016 S CLARK AVE
CITY-ST-ZIP TAMPA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD DELETE
NAME GARCA, FRANK
STREET ADDRESS 6700 HARMONY ROAD
CITY-ST-ZIP NORTH PORT FL

3.1 TITLE Change Addition
3.2 NAME GARCIA, FRANK
3.3 STREET ADDRESS 6700 HARMONY RD
3.4 CITY-ST-ZIP NORTH PORT FL 34287

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME MITCHELL, AUBREY JR
4.3 STREET ADDRESS 5977 ESPANOLA AV
4.4 CITY-ST-ZIP NORTH PORT FL 34287

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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 or on an attachment with an address.

SIGNATURE: *Robert A. Peters* ROBERT A. PETERS 1/15/97 941-474-4385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064564

CR2E037 (9/96)