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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	<input type="checkbox"/> DELETE
NAME	PETERS, ROBERT A.	
STREET ADDRESS	7445 MANASOTA KEY	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GURGEL, DANIEL	
STREET ADDRESS	4016 S CLARK AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GARCA, FRANK	
STREET ADDRESS	6700 HARMONY ROAD	
CITY-ST-ZIP	NORTH PORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FRANK GARCIA, FRANK
3.3 STREET ADDRESS	6700 HARMONY RD
3.4 CITY-ST-ZIP	NORTH PORT FL 34287
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MITCHELL, AUBREY JR
4.3 STREET ADDRESS	5977 ESPANOLA AV
4.4 CITY-ST-ZIP	NORTH PORT FL 34287
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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)