FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44352 (5)

1. Corporation Name

WOODLANDS LUTHERAN MINISTRIES, INC.

Principal Place of Business	Mailing Address
15749 HIGHWAY 455 MONTVERDE FL 34756	15749 HIGHWAY 455 MONTVERDE FL 34756

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1991
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-3120417 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *The corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

STORM, HAROLD
15749 HIGHWAY 455
MONTVERDE FL 34756

10. Name and Address of New Registered Agent

81 Name: Kneser, Rev. Dr. Brian N.
82 Street Address (P.O. Box Number Is Not Acceptable): 15749 CR 455
83
84 City: Montverde FL 85 Zip Code: 34756

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Rev. Brian N. Kneser, Rev. Brian N. Kneser 4-12-95
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	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	TEDER, REIN	1.2 NAME	Klump, Paul	
STREET ADDRESS	410 ORLANDO AVE #5A	1.3 STREET ADDRESS	1105 Cambridge Ct.	
CITY-ST-ZIP	OCOEE FL	1.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	MICHELS, ROBERT	2.2 NAME		
STREET ADDRESS	23 APPLE HILL HOLLOW	2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, CINDI	3.2 NAME		
STREET ADDRESS	309 CHEROKEE DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	FREDERICKS, JON	4.2 NAME		
STREET ADDRESS	325 W. MAIN ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HANSEN, RAYMOND L.	5.2 NAME		
STREET ADDRESS	15749 COUNTY ROAD 455	5.3 STREET ADDRESS		
CITY-ST-ZIP	MONTVERDE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	LANG, CARL	6.2 NAME	Remove; Lang, Carl	
STREET ADDRESS	3708 ECONLOCKHATCHEE TR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Raymond L. Hansen Raymond Hansen 4-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date

Secretary

(Daytime Phone #) (407) 469-2939

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