

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90010 030 ****61.25

DOCUMENT # N44352

1. Corporation Name

WOODLANDS LUTHERAN MINISTRIES, INC.

Principal Place of Business

15749 HIGHWAY 455
MONTVERDE FL 34756

Mailing Address

15749 HIGHWAY 455
MONTVERDE FL 34756



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/19/1991

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

9. Name and Address of Current Registered Agent

WERDER PAUL, R R
15749 CR 255
MONTVERDE FL 34756

10. Name and Address of New Registered Agent

81 Name

Milan Weerts

82 Street Address (P.O. Box Number is Not Acceptable)

15749 CR 455

83

Montverde FL

84 City

FL

85 Zip Code

34756

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

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

Milan Weerts
(NOTE: Registered Agent signature required when reinstating)

DATE

April 7, 1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TEDER, REIN
STREET ADDRESS 410 ORLANDO AVE #5A
CITY-ST-ZIP OCOEE FL

TITLE ☐ DELETE
NAME MICHELS, ROBERT
STREET ADDRESS 23 APPLE HILL HOLLOW
CITY-ST-ZIP CASSELBERRY FL

TITLE ☐ DELETE
NAME PARKER, CINDI
STREET ADDRESS 309 CHEROKEE DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME FREDRICKS, JOHN
STREET ADDRESS 325 W. MAIN ST.
CITY-ST-ZIP APOPKA FL

TITLE ☐ DELETE
NAME FLAIG, MX
STREET ADDRESS 3683 IDLE HOUR DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME KLUMP, PAUL
STREET ADDRESS 632 FANCON CT
CITY-ST-ZIP WINTER SPGS FL 32779

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME C only
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D only
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Cynthia C. Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/99 407-469-2792

CR2E037-11/98

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