

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N46801 (9)

1. Corporation Name

LORD OF LIFE LUTHERAN CHURCH OF PENSACOLA, FLORIDA, INC.

Principal Place of Business

**1000 E NINE MILE RD
PENSACOLA FL 32514**

Mailing Address

**1000 E. NINE MILE RD.
PENSACOLA FL 32514
US**



3. Date Incorporated or Qualified
01/13/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUGUS, JOHN E REV
1000 E NINE MILE RD
PENSACOLA FL 32514**

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 ☐ DELETE

NAME **PD
FUNCHES, J D**
STREET ADDRESS **813 DEEDRA AVE**
CITY - ST - ZIP **PENSACOLA FL 32514**

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☐ DELETE

NAME **VD
PAXTON, KAREN**
STREET ADDRESS **2341 COUNTRY PLACE CIRCLE**
CITY - ST - ZIP **PENSACOLA FL 32514**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE

NAME **SD
BELOTT, CARLEEN**
STREET ADDRESS **9725 PICKWOOD DR**
CITY - ST - ZIP **PENSACOLA FL 32514**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE

NAME **TD
PANICH, ELAINE**
STREET ADDRESS **10176 SUGAR CREEK DR**
CITY - ST - ZIP **PENSACOLA FL 32514**

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE

NAME **DS
MEYER, LAURIE**
STREET ADDRESS **5355 FLINTWOOD CIRCLE**
CITY - ST - ZIP **PENSACOLA FL 32504**

51 TITLE ☒ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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)(k), 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 changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-95

904-479-4254

Date

Daytime Phone #

CR2E037 (12/95)