

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32514-1649
US**3. Date Incorporated or Qualified
01/13/19923a. Date of Last Report
01/24/1996

4. FEI Number

59-3086407

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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 **PD** ☒ DELETE
NAME **FUNCHES, J D**
STREET ADDRESS **813 DEEDRA AVE**
CITY-ST-ZIP **PENSACOLA FL 32514**1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Doug Sanders**
1.3 STREET ADDRESS **9779 Qual Hollow Crt**
1.4 CITY-ST-ZIP **Pensacola, FL 32514**TITLE **VD** ☒ DELETE
NAME **PAXTON, KAREN**
STREET ADDRESS **2341 COUNTRY PLACE CIRCLE**
CITY-ST-ZIP **PENSACOLA FL 32514**2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Oscar Lawrence**
2.3 STREET ADDRESS **806 Fleming Way**
2.4 CITY-ST-ZIP **Pensacola, FL 32514**TITLE **SD** ☐ DELETE
NAME **BELOTT, CARLEEN**
STREET ADDRESS **9725 PICKWOOD DR**
CITY-ST-ZIP **PENSACOLA FL 32514**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **TD** ☒ DELETE
NAME **PANICH, ELAINE**
STREET ADDRESS **10176 SUGAR CREEK DR**
CITY-ST-ZIP **PENSACOLA FL 32514**4.1 TITLE **TD** ☒ Change ☐ Addition
4.2 NAME **Greg Shoemaker**
4.3 STREET ADDRESS **621 Turnbury Dr.**
4.4 CITY-ST-ZIP **Cantonment, LA. 32533**TITLE **DS** ☒ DELETE
NAME **MEYER, LAURIE**
STREET ADDRESS **4315 MONTAGE DR.**
CITY-ST-ZIP **PENSACOLA FL**5.1 TITLE **DS.** ☒ Change ☐ Addition
5.2 NAME **Elizabeth Andrus.**
5.3 STREET ADDRESS **1241 Chisholm Trail**
5.4 CITY-ST-ZIP **Pensacola, FL 32514**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-477-4254

CR2E037 (9/96)