

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000125 (6)**

1. Corporation Name

**PRINCE OF PEACE EVANGELICAL LUTHERAN CHURCH OF W  
EST HOLLYWOOD, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**3100 N 75TH AVENUE  
HOLLYWOOD FL 33024**

**3100 N 75TH AVENUE  
HOLLYWOOD FL 33024-2355**



3. Date Incorporated or Qualified <b>11/04/1992</b>	3a. Date of Last Report <b>10/09/1996</b>
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-0910353</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HORNSBERGER, RANDY P  
11525 NW 10TH ST  
PEMBROKE PINES FL 33026-4330**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLIS, LINDA</b>	1.2 NAME	
STREET ADDRESS	<b>2071 SW 88 WY.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURNS, JOYCE</b>	2.2 NAME	
STREET ADDRESS	<b>5206 SW 91 AV., #1</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COOPER CITY FL 33328</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORNBERGER, RANDY</b>	3.2 NAME	
STREET ADDRESS	<b>11525 N 10TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33026</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROSCH, JOYCE</b>	4.2 NAME	
STREET ADDRESS	<b>8301 NW 17 CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUENTE, PIA</b>	5.2 NAME	
STREET ADDRESS	<b>5060 SW 64 AV</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVIE FL 33314</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Torraca, Gloria</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>6059 S 19 St., #A1</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Miramar, FL 33023</b>

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:

*Randy Hornberger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-97**

**305-552-3028**  
Dayside Phone # 0023792

CR2E037 (9/96)