## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N92000001018 (2) DOCUMENT #

## BEAUTIFUL SAVIOR LUTHERAN CHURCH FOUNDATION, INC

Principal Place of Business

Mailing Address

## **FILED** May 05 1997 8:00am Secretary of State



7461 PROSPEC SARASOTA FL		7461 PROSPECT RD SARASOTA FL 34243-334	8				
					3. Date Incorporated or Qualified 12/24/1992	3a. Date of Last 04/26/1	Report <b>996</b>
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	1 7	Applied For
21		26			65-0390515	1	lot Applicable
Sulte, Apt. 4		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Regulred
City & State		City & State			6. Election Campaign Financing	\$5.00	<b>)</b> Мау Ве
23		28	T	<del> </del>	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for		s. 199.032,
24	25 9. Name and Address of Curre	nt Registered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes No	
	S. Hallo and Addios of Carre	int ringiatored Ageint		81 Name	10. Name and Address of New As	gistered Agent	
DEALTH	UL SAVIOR LUTHERAN CHUR	CH INC					
	OSPECT RD	on, ino.		82 Street Address (P.O. Box Number is Not Acceptable)			
	OSFECT RD TA FL 34243			83			
ONIVIOU	117 I L 07670						
				84 City		FL 85 Zip	Code
11. Pursuant to	the provisions of Sections 617 050	02 and 617 1508. Florida Statu	les the al	nove-named o	corporation submits this statement for the p		ite registered
Office of re	gistered agent, or both, in the State familiar with, and accept the oblig	e of Florida. Such change was	authorized	d by the corpo	pration's board of directors. I hereby accep	of the appointment a	s registered
SIGNATURE _							
12.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	TE: Registered	d Agent signature r	equired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	DC IN 10
TITLE	D	DELETE	1.1 10	T) F	ADDITIONS/CHANGES TO OFFIC	Change	
NAME	SIMPSON, JACK W		1.2 N/			onango	Accition
STREET ADDRESS	8636 WOODBRIAR DR			REET ADDRESS			Į.
CITY-ST-ZIP	SARASOTA FL 34238			TY-ST-ZIP			1
TITLE	D	DELETE	2110		D	K Change	Addition
NAME	COLUMN T OLIDIO		2.2 N/		SCHMIDT, CHRIS		
STREET ADDRESS	622 WOODLAWN DR		1	REET ADDRESS	7905 HAMPTON CT.		
CITY-ST-ZIP	BRADENTON FL 34210			ITY-ST-ZIP		L 34201	
TITLE	D	DELETE	3 1 TH		0,112,121,111,111,111,111,111,111,111,11	Change	Addition
NAME	MORRIS, DOLLY		3.2 NA	LME .			
STREET ADDRESS	103 43RD ST W		3.3 ST	reet address			
CITY-ST-ZIP	<b>BRADENTON FL 34209</b>		•	ITY-ST-ZIP			
TITLE	D	DELETE	4.1 TI	TLE		Change	Addition
NAME	JOHNSON, KIM		4.2 N	AME			
STREET ADDRESS	3512 55TH PL		4.3 ST	REET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34203		4.4 CI	TY-ST-ZIP			
TITLE		☐ DELETE	5.1 10			Change	Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5. <b>3</b> ST	REET ADDRESS			
CITY-SY-ZIP	<u> </u>		5.4 CI	TY - ST - 21P			
TITLE		DELETE	6.1 TO			☐ Change	Addition
NAME	•		6.2 NA	IME			
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-ST-ZIP			6.4 CF	TY - ST - ZIP			
44 Lela barab		-1 - 21 -14 2 - F224		· · · · · · · · · · · · · · · · · · ·	1 11 0 11 140 07(0\frac{1}{2}) Et 11 0: 1		

Information indicated on this armuel/report or supplemental annual epot 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.