


FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000001018 (2)**  
1. Corporation Name

**BEAUTIFUL SAVIOR LUTHERAN CHURCH FOUNDATION, INC**



Principal Place of Business <b>7461 PROSPECT RD SARASOTA FL 34243</b>	Mailing Address <b>7461 PROSPECT RD SARASOTA FL 34243</b>
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3. Date Incorporated or Qualified <b>12/24/1992</b>	
4. FEI Number <b>65-0390515</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BEAUTIFUL SAVIOR LUTHERAN CHURCH, INC. 7461 PROSPECT RD SARASOTA FL 34243</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SIMPSON, JACK W</b>
STREET ADDRESS	<b>8636 WOODBRIAR DR</b>
CITY - ST - ZIP	<b>SARASOTA FL 34238</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SCHMIDT, CHRIS</b>
STREET ADDRESS	<b>622 WOODLAWN DR</b>
CITY - ST - ZIP	<b>BRADENTON FL 34210</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MORRIS, DOLLY</b>
STREET ADDRESS	<b>103 43RD ST W</b>
CITY - ST - ZIP	<b>BRADENTON FL 34209</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, KIM</b>
STREET ADDRESS	<b>3512 55TH PL</b>
CITY - ST - ZIP	<b>BRADENTON FL 34203</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>7905 Hampton CT</b>
2.4 CITY - ST - ZIP	<b>University Park FL 34201</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Jack W. Simpson* **JACK W. SIMPSON** 4-19-98 941-355-2798

CR2E037 (10/97)