

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:38

DOCUMENT # N93000000663 (5)

1. Corporation Name
HOLY CROSS LUTHERAN CHURCH FOUNDATION, INC.

Principal Place of Business 3560 BEE RIDGE ROAD SARASOTA FL 34239	Mailing Address 3560 BEE RIDGE ROAD SARASOTA FL 34239
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/08/1993	3a. Date of Last Report 03/08/1994
4. FEI Number 65-0420978	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
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.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**HOLY CROSS LUTHERAN CHURCH OF SARASOTA, FL
3560 BEE RIDGE ROAD
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, E J	1.2 NAME	
STREET ADDRESS	2761 GREENDALE DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL 34232	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	NIELSEN, PAUL	2.2 NAME	
STREET ADDRESS	3743 CALLIANDRA DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, GEORGE	3.2 NAME	
STREET ADDRESS	3876 SPYGLASS HILL ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	SARASOTA FL 34238	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. John Lopez E. John Lopez 1-16-95 (813) 366-0115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR