

FILE NOW: FILING FEE IS \$81.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000663

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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90021 043 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/08/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0420978	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HOLY CROSS LUTHERAN CHURCH OF SARASOTA, FL 3560 BEE RIDGE ROAD SARASOTA FL 34239				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	
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				DATE	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				1.1 TITLE	
NAME				1.2 NAME	
STREET ADDRESS				1.3 STREET ADDRESS	
CITY-ST-ZIP				1.4 CITY-ST-ZIP	
DP NIELSEN, PAUL 3743 CALLIANDRA DR. SARASOTA FL 34232				VD Robert Zane 4258 Woodview Dr. Sarasota, FL	
<input checked="" type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				2.1 TITLE	
NAME				2.2 NAME	
STREET ADDRESS				2.3 STREET ADDRESS	
CITY-ST-ZIP				2.4 CITY-ST-ZIP	
VD CULP, ELWOOD 1989 WOOD HOLLOW SARASOTA FL 34235				S/TIP Jane K. Hindall 7550 Richardson Rd Sarasota, FL 34240	
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP				3.4 CITY-ST-ZIP	
SD HINDALL, JANE K 7550 RICHARDSON RD. SARASOTA FL 34240					
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE				6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	

SIGNATURE:

Jane K. Hindall

Date

Daytime Phone #

941-316-1070