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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9300000663

1. Corporation Name

HOLY CROSS LUTHERAN CHURCH FOUNDATION, INC.

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

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

ipal Place of Bu	usiness	Mailing Address 3560 BEE RIDGE ROAD			١		
		SARASOTA FL 34239					
BEE RIDGE RO ASOTA FL 34239	9	DANASOTA					
NOUIN FE STEE	=					· · · · · · · · · · · · · · · · · · ·	
						3. Date Incorporated or Qualifed	
		Za. Mailing Address			•	03/08/1993. Apr	plied For
Principal Place	of Business	26					t Applicable
		_ Suite, Apt. #, etc.				65-0420978 \$8.75	Additional
Suite, Apt. #, et	to.	27				5. Certificate of Status Desired Fee Re	squired
		City & State					May Be
City & State		28				6 Flection Campaign Financing Added	to Fees
Oity w =		Zip	Cou	intry		Trust Fund Contribution	
Zip	Country	}¬ `	30			Trust Fund Contribution 10. Name and Address of New Registered Agent	
ΣΙΡ }	25	29		1-1			
<u></u>	25 9. Name and Address of Curre	nt Registered 18		81	Name	Not Acceptable)	
				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	S LUTHERAN CHURCH OF	SARASOTA, FL		-	· 		
HOLY CROS	S FOLLEWAY OUR OF A			83			Code
3560 BEE R	IDGE HUAD			<u> </u>	City	FL\'_	
SARASOTA	FL 34239			84	City	orporation submits this statement for the purpose of changing ation's board of directors. I hereby accept the appointment as DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIREC	its registered
		_ ===		_ <u>_</u>	e-named co	orporation submits this statement to the appointment as	radiorara
	6171	1502 and 617.1508, Florida S	itatutes, the	ed by	the corpor	ation's board of directors.	
11. Pursuant to	the provisions of Sections 617.	ate of Florida. Such change w	3, Florida St	tatute	\$.		
office or re-	gistered agent, of accept the ob	ligations of, Section 5				Quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
agent. 1 an		M opplicable			ent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIREC	ige Add
SIGNATURE ;	Signature, typed or printed name of registered	agent and title " spillings		13.		______\	•
	OFFICERS	AND DIRECTORS	TE 1	A TITLE	}		
<u> 12.</u>	DP	-		1.2 NAM			
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	3743 CALLIANDRA UH. SARASOTA FL 34232	₩ DELI	ETE	2.1 1111	LE	175	ange ∐ Ad
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with the inform