## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400001869 (6)

LUTHERAN EDUCATION ASSOCIATION OF CENTRAL FLORID A. INC. Principal Place of Business Mailing Address 550 N ECONLOCKHATCHEE TR 550 N ECONLOCKHATCHEE TR 3. Date Incorporated or Qualified ORLANDO FL 32825 ORLANDO FL 32825 04/15/1994 4. FEI Number Applied For 59-3236110 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required 21 Suite. Apt. #. etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 🗷 No 28 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OGG, SANDRA L Street Address (P.O. Box Number Is Not Acceptable) 4704 JAMERSON PLACE ORLANDO FL 32807 83 Zip Code 84 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 Signature, typed or printed name of registered agent and title if applic 12. OFFICERS AND DIRECTORS 13. DELETE PD Change TITLE 1.1 TITLE Addition ROSE, LYNN LYNN, ROSE 1.2 NAME NAME 3013 HARBOUR LANDING WAY 1.3 STREET ADDRESS STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-ZIP 1.4 CITY-ST-ZIP DFLETE 2.1 TITLE Change Addition TITLE NAME STANO, THOMAS 2.2 NAME 9018 HAYWOOD COURT STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32825 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE VORPAGEL, RUTH 3.2 NAME NAME 4631 SHORECREST DRIVE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE \_\_ Change Addition TITLE 4.1 TITLE FULLER, PAMELA 4. 2 NAME NAME 1106 SUNWOOD LANE STREET ADDRESS 4.3 STREET ADDRESS ORLANDO FL 32825 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE SHULZE, BOBERT NO LONGER 5.2 NAME PLEASE 10430 CHESTNUT DRIVE 5.3 STREET ADDRESS STREET ADDRESS EMPLOYEE-REMOVE ORLANDO FL 32817 CITY-ST-ZIP -5.4 CITY-ST-ZIP Change ☐ DELETE 6.1 TITLE Addition TITLE SCHNEIDER, RICHARD W. SCNEIDER, RICHARD 6.2 NAME NAME

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 13 if changed or on an attachment with an andress.

6.3 STREET ADDRESS

SIGNATURE:

814 MCLEAN COURT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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**FILED** 

Jan 16 1998 8:00am

Secretary of State

407-275-725