FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State*
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002211 (0)

1. Corporation Name
ST. LUKE EVANGELICAL LUTHERAN CHURCH OF LAKE CIT Y FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
3500 FARLANE AVENUE LAKE CITY FL 32055	3500 FARLANE AVENUE LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1994
3a. Date of Last Report: 4/29/1994
4. FEI Number: 59-2984165 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 Rte. 17, Box 469	2a. Mailing Address 26 Rte. 17, Box 469
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lake City, FL	City & State 28 Lake City, FL
Zip / County 24 32024 / 25 U.S.A.	Zip / County 29 32024 / 30 U.S.A.

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FISCHER, DEBORAH REV. 3500 FARLANE AVENUE LAKE CITY FL 32055	81 Name: FISCHER, REV. DEBORAH 82 Street Address (P.O. Box Number is Not Acceptable): Rte 17, Box 469 83 84 City: Lake City FL 85 Zip Code: 32024

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PD ☒ Change ☐ Addition
NAME	DEVERICK, ROBERT	12 NAME	Wagner, John
STREET ADDRESS	RTE. 5, BOX 985F	13 STREET ADDRESS	Rte 6, Box 176
CITY-ST-ZIP	LAKE CITY FL 32055	14 CITY ST ZIP	Lake City, FL 32025
TITLE	VP	21 TITLE	VPD ☒ Change ☐ Addition
NAME	WAGNER, JOHN	22 NAME	Phillipr, Brian
STREET ADDRESS	RTE. 6, BOX 176	23 STREET ADDRESS	Rte 12, Box 270
CITY-ST-ZIP	LAKE CITY FL 32055	24 CITY-ST-ZIP	Lake City, FL 32025
TITLE	S	31 TITLE	SD ☒ Change ☐ Addition
NAME	PEPPER, SHERRY	32 NAME	Pepper, Sherry
STREET ADDRESS	RTE. 9, BOX 752	33 STREET ADDRESS	Rte 9, Box 752
CITY-ST-ZIP	LAKE CITY FL 32055	34 CITY-ST-ZIP	Lake City, FL 32055
TITLE	T	41 TITLE	TD ☒ Change ☐ Addition
NAME	GRAMLING, MYRA	42 NAME	Gramling, Myra
STREET ADDRESS	217 EAST LEON STREET	43 STREET ADDRESS	217 East Leon Street
CITY-ST-ZIP	LAKE CITY FL 32055	44 CITY ST ZIP	Lake City, FL 32055
TITLE	S	51 TITLE	SD ☒ Change ☐ Addition
NAME	DEVERICK, SHARON	52 NAME	Rodgers Karen
STREET ADDRESS	RTE. 5, BOX 985F	53 STREET ADDRESS	Rte 7, Box 202
CITY-ST-ZIP	LAKE CITY FL 32055	54 CITY ST ZIP	Lake City, FL 32025
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Deborah Rev Fischer Fischer 4/28/95 904-752-3807
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023744