

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # N94000002211 (0)

1. Corporation Name

ST. LUKE EVANGELICAL LUTHERAN CHURCH OF LAKE CITY FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

RT 17, BOX 469
LAKE CITY FL 32024
US

RT. 17, BOX 469
LAKE CITY FL 32024
US



2. Principal Place of Business		2a. Mailing Address	
24 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	Country	28 Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 04/29/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 53-2834165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISCHER, DEBORAH REV.
RT 17, BOX 469
LAKE CITY FL 32024**

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 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 *Deborah Elene Fischer* **24 April 1996**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, JOHN	1.2 NAME	
STREET ADDRESS	RT 6, BOX 176	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, BRIAN	2.2 NAME	
STREET ADDRESS	RT 12, BOX 270	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPER, SHERRY	3.2 NAME	
STREET ADDRESS	RTE. 9, BOX 752	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAMLING, MYRA	4.2 NAME	Hart, Linda
STREET ADDRESS	217 EAST LEON STREET	4.3 STREET ADDRESS	Rte 4, Box 241-F
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	Lake City, FL 32024
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODGERS, KAREN	5.2 NAME	FISCHER, Deborah
STREET ADDRESS	RT 7, BOX 202	5.3 STREET ADDRESS	Rte 17, Box 469
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP	Lake City, FL 32024
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Hamilton, James
STREET ADDRESS		6.3 STREET ADDRESS	Rte 7, Box 235
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lake City, FL 32025

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 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 Elene Fischer* **24 April 1996** 752-8082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)