

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32055-9817
US



3. Date Incorporated or Qualified **04/29/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 Rte 21 Box 469
Suite, Apt. #, etc.

2a. Mailing Address
26 Rte 21 Box 469
Suite, Apt. #, etc.

4. FEI Number **53-2934165** Applied For
Not Applicable

23 Lake City, FL
Zip 32024 Country USA

28 Lake City, FL
Zip 32024 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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.
RT 17, BOX 469
LAKE CITY FL 32024

81 Name **Holton-Fischer Deborah E.**
82 Street Address (P.O. Box Number is Not Acceptable)
Rte 21 Box 469
83 **Lake City**
84 City **FL** 85 Zip Code **32024**

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 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
NAME	WAGNER, JOHN	
STREET ADDRESS	RT 6, BOX 176	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PHILLIPS, BRIAN	
STREET ADDRESS	RT 12, BOX 270	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PEPPER, SHERRY	
STREET ADDRESS	RTE. 9, BOX 752	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HART, LINDA	
STREET ADDRESS	RT. 4 BOX 241-F	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RODGERS, KAREN	
STREET ADDRESS	RT 7, BOX 202	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISCHER, DEBORAH	
STREET ADDRESS	RT 17 BOX 469	
CITY-ST-ZIP	LAKE CITY FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brian Phillips	
1.3 STREET ADDRESS	Rte 17, Box 476	
1.4 CITY-ST-ZIP	Lake City, FL 32055	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Paul Christenson	
2.3 STREET ADDRESS	27494 - 41st Road	
2.4 CITY-ST-ZIP	Bradford, FL 32009	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pepper, Sherry	
3.3 STREET ADDRESS	Rte 9, Box 752	
3.4 CITY-ST-ZIP	Lake City, FL 32055	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Wagner, John	
5.3 STREET ADDRESS	Rte 6, Box 176	
5.4 CITY-ST-ZIP	Lake City, FL 32025	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hamilton, James	
6.3 STREET ADDRESS	Rte 7, Box 235	
6.4 CITY-ST-ZIP	Lake City, FL 32025	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000842

4/27/97

904-752-8082

CR2E037 (9/96)