

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90008 014 ****61.25

DOCUMENT # N94000005307

1. Corporation Name

SOUTHERN LUTHERAN ACADEMY FOUNDATION, INC.

Principal Place of Business

992 CHASE HAMMOCK RD
MERRITT ISLAND FL 32953-703
US

Mailing Address

992 CHASE HAMMOCK RD
MERRITT ISLAND FL 32953-703
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/26/1994

4. FEI Number

59-2351378

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WICHMANN, LEON
992 CHASE HAMMOCK ROAD
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KRAUSS, ELMER
STREET ADDRESS P.O. BOX 23943 N/A
CITY-ST-ZIP TAMPA FL 33623

TITLE ☒ DELETE

NAME D POPE, JAMES
STREET ADDRESS 3012 18TH AVE WEST
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ DELETE

NAME D FABER, CRAIG
STREET ADDRESS 5011 LIDO STREET
CITY-ST-ZIP ORLANDO FL 32807

TITLE ☐ DELETE

NAME D SCHUPPE, CRAIG
STREET ADDRESS 2315 COLDSTREAM DRIVE
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ DELETE

NAME D SCHUPPE, DON
STREET ADDRESS 6448 WYNFREY PLACE
CITY-ST-ZIP MEMPHIS TN 31820

TITLE ☐ DELETE

NAME D SEEGER, RICHARD
STREET ADDRESS 2625 S. FLORIDA AVE
CITY-ST-ZIP LAKELAND FL 33801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D Kranke, David
1.3 STREET ADDRESS 28215 S. US Hwy 27
1.4 CITY-ST-ZIP Leesburg, FL 34748-9064

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Leon Wichmann

5/1/99

407-452-7738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)