

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

DOCUMENT # N95000005045 (8)

1. Corporation Name

ST. JOHN LUTHERAN SCHOOL FOUNDATION, INC.



Principal Place of Business

1915 SOUTH EAST LAKE WEIR AVENUE  
OCALA FL 34470

Mailing Address

1915 SOUTH EAST LAKE WEIR AVENUE  
OCALA FL 34470

3. Date Incorporated or Qualified  
10/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 1915 SE LAKE WEIR AVE

2a. Mailing Address

26 SAME

4. FEI Number

59-3348485

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23 Ocala, FL

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

24 34471

Country

25 MANIAW

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DEAN, JONATHAN S  
230 NORTHEAST 25TH AVENUE  
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name ~~Robert W. Van Hoose~~

82 Street Address (P.O. Box Number is Not Acceptable)

83 2210 SE 28th

84 City Ocala

FL

85 Zip Code

34471

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 VAN HOOSE, ROBERT  
STREET ADDRESS 1915 SOUTH EAST LAKE WEIR AVENUE  
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ DELETE

NAME BUCKHEIMER, PAUL  
STREET ADDRESS 1915 SOUTH EAST LAKE WEIR AVENUE  
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ DELETE

NAME DEAN, JONATHAN S  
STREET ADDRESS 230 NORTH EAST 25TH AVENUE  
CITY-ST-ZIP Ocala FL 34470

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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:

Paul Buckheimer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL BUCKHEIMER

5/23

Date

Daytime Phone #

CR2E037 (12/95)