

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000005045 (8)**

1. Corporation Name  
**ST. JOHN LUTHERAN SCHOOL FOUNDATION, INC.**



Principal Place of Business <b>1915 SOUTH EAST LAKE WEIR AVENUE OCALA FL 34470</b>	Mailing Address <b>1915 SOUTH EAST LAKE WEIR AVENUE OCALA FL 34471-5424</b>
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3. Date Incorporated or Qualified <b>10/23/1995</b>	3a. Date of Last Report <b>05/30/1996</b>
4. FEI Number <b>59-3348485</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**ROBERT W. VAN HOSSE  
2210 SE 28 PLACE  
OCALA FL 34471**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Robert W. Van Hoose (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN HOSSE, ROBERT</b>	
STREET ADDRESS	<b>1915 SOUTH EAST LAKE WEIR AVENUE</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUCHHEIMER, PAUL</b>	
STREET ADDRESS	<b>1915 SOUTH EAST LAKE WEIR AVENUE</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEAN, JONATHAN S</b>	
STREET ADDRESS	<b>230 NORTH EAST 25TH AVENUE</b>	
CITY-ST-ZIP	<b>OCALA FL 34470</b>	
TITLE	<del>PRESIDENT</del>	<input type="checkbox"/> DELETE
NAME	<del>DENNIS BAXLEY</del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<del>PRESIDENT</del>	<input type="checkbox"/> DELETE
NAME	<del>DEBBIE BRADIS</del>	
STREET ADDRESS	<del>3035 SW 53 ST</del>	
CITY-ST-ZIP	<del>OCALA FL 34474</del>	
TITLE	<del>VICE PRESIDENT</del>	<input type="checkbox"/> DELETE
NAME	<del>DENNIS BAXLEY</del>	
STREET ADDRESS	<del>931 SE FT KING ST.</del>	
CITY-ST-ZIP	<del>OCALA FL 34471</del>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JANICE MARTIN</b>	
1.3 STREET ADDRESS	<b>4221 SW GAVE</b>	
1.4 CITY-ST-ZIP	<b>OCALA, FL 34474</b>	
2.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DEBBIE BRADIS</b>	
2.3 STREET ADDRESS	<b>3035 SW 53 ST</b>	
2.4 CITY-ST-ZIP	<b>OCALA, FL 34474</b>	
3.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>DENNIS BAXLEY</b>	
3.3 STREET ADDRESS	<b>931 SE FT KING ST</b>	
3.4 CITY-ST-ZIP	<b>OCALA, FL 34471</b>	
4.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>RAJENDER NARWANI, MD.</b>	
4.3 STREET ADDRESS	<b>1505 SE 17 ST #502</b>	
4.4 CITY-ST-ZIP	<b>OCALA, FL 34471</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

Robert W. Van Hoose Robert W. Van Hoose 4/19/97 352-216-7417

CR2E037 (9/96)