

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000000565 (9)**

1. Corporation Name

LUTHERAN MISSION OF SOUTH WALTON COUNTY, INC.

Principal Place of Business

Mailing Address

**100 CARONE LANE
SANTA ROSA BEACH FL 32459****618 BENNING DRIVE
DESTIN FL 32541-1720**3. Date Incorporated or Qualified
01/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.**26**
Suite, Apt. #, etc.**22**
City & State**27**
City & State**23**
Zip

Country

28
Zip

Country

24**25****29****30**

4. FEI Number

59-3327167

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**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

**TERRY, WILLIAM R
618 BENNING DRIVE
DESTIN FL 32541****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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **REINKE, FRIEDERICH W**
STREET ADDRESS **43 MOONEY ROAD**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **STD** ☐ DELETE
NAME **TERRY, WILLIAM R**
STREET ADDRESS **618 BENNING DRIEV**
CITY-ST-ZIP **DESTIN FL 32541**2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **TERRY, WILLIAM R.**
2.3 STREET ADDRESS **618 Benning Drive**
2.4 CITY-ST-ZIP **Destin, FL 32541**TITLE **D** ☒ DELETE
NAME **MARKO, STEVEN F**
STREET ADDRESS **363 MIRACLE STRIP PARKWAY SW**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **SIMS, A. WILLIAM**
3.3 STREET ADDRESS **4057 E. Co. Hwy 30-A**
3.4 CITY-ST-ZIP **Santa Rosa Beach, FL 32459**TITLE **D** ☒ DELETE
NAME **UNDERDAHL, JOHN L**
STREET ADDRESS **147 JOHN SIMMS PARKWAY**
CITY-ST-ZIP **NICEVILLE FL 32578**4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **FRANK, MARLENE J.**
4.3 STREET ADDRESS **60 Bayou Forest**
4.4 CITY-ST-ZIP **Freeport, FL 32439**TITLE **D** ☐ DELETE
NAME **RUTROUGH, WILLIAM F**
STREET ADDRESS **3362 COUNTY ROAD 30-A**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE **D** ☒ DELETE
NAME **SCHMIDT, DENNIS L**
STREET ADDRESS **924 AIRPORT ROAD**
CITY-ST-ZIP **PANAMA CITY FL 32405**6.1 TITLE **TD** ☐ Change ☒ Addition
6.2 NAME **WELLER, EUGENE L.**
6.3 STREET ADDRESS **106 N. Highway 393**
6.4 CITY-ST-ZIP **Santa Rosa Beach, FL 32459**

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.

SIGNATURE:

William R. Terry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 (904) 837-9795

Date

Daytime Phone # 0073777

CR2E037 (9/96)