


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 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 # **N96000004360 (1)**

1. Corporation Name

**CONCORDIA LUTHERAN MIDDLE SCHOOL, INC.**



Principal Place of Business <b>5601 HANLEY RD TAMP FL</b>	Mailing Address <b>5601 HANLEY RD TAMP FL 33634-4905</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26 P.O. BOX 261525</b>		3. Date Incorporated or Qualified <b>08/19/1996</b>		3a. Date of Last Report <b>N/A</b>	
Suite, Apt. #, etc <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3405538</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23</b>		City & State <b>28 TAMPA, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29 33685</b>	Country <b>30 USA</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			

9. Name and Address of Current Registered Agent <b>ELSNER, ROBERT C 5601 HANLEY RD TAMP FL</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	REED, ROBERT W			1.2 NAME	MATTHEW ELLROD		
STREET ADDRESS	5219 LOWELL RD			1.3 STREET ADDRESS	1215 WISPER RUN CT.		
CITY-ST-ZIP	TAMPA FL 33624			1.4 CITY-ST-ZIP	LUTZ FL 33549		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MATHEWS, JOEL			2.2 NAME	LOUISE ELLROD		
STREET ADDRESS	6204 PALMVIEW CT			2.3 STREET ADDRESS	1215 WISPER RUN CT.		
CITY-ST-ZIP	TAMPA FL 33625			2.4 CITY-ST-ZIP	LUTZ FL 33549		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOENING, GLEN			3.2 NAME	FRED BENNETT		
STREET ADDRESS	522 TERRACE HILL DR			3.3 STREET ADDRESS	9114 BERKSHIRE LANE		
CITY-ST-ZIP	TEMPLA TERRACE FL 33617			3.4 CITY-ST-ZIP	TAMPA, FL 33635		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	IRSCH, RON			4.2 NAME	CINDY MUNRO		
STREET ADDRESS	3116 W PEARL AVE			4.3 STREET ADDRESS	12507 MAVERICK COURT		
CITY-ST-ZIP	TAMPA FL 33611			4.4 CITY-ST-ZIP	TAMPA, FL 33626		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAPRAGER, KLAUDIA			5.2 NAME	MARIANNE VOLLRATH		
STREET ADDRESS	10015 BENNINGTON			5.3 STREET ADDRESS	5219 LOWELL ROAD		
CITY-ST-ZIP	TAMPA FL 33626			5.4 CITY-ST-ZIP	TAMPA, FL 33624		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARTMANN, BECKY			6.2 NAME	DAVID VOIGTS		
STREET ADDRESS	2322 TRAVIS ROBERT AVE			6.3 STREET ADDRESS	7710 W. POWHATAN AVE.		
CITY-ST-ZIP	VALRICO FL 33594			6.4 CITY-ST-ZIP	TAMPA FL 33615-4133		

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:

*MATTHEW ELLROD* MATTHEW D. ELLROD

5-11-97

(813) 848-0801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048976

CR2E037 (9/96)

**ADDITIONAL DIRECTORS:**

**D**

**Bill Brown**

**10222 Vista Pointe Drive**

**Tampa, Florida 33635**