


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Sep 01, 1999 8:00 am**  
**Secretary of State**

09-01-1999 90001 017 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N 96 00000 4360 (1)</b>					
1. Corporation Name <b>Concordia Lutheran Middle Sch., Inc.</b>					
Principal Place of Business <b>5601 Hanley Rd. Tampa, Fl.</b>			Mailing Address <b>5601 Hanley Rd. Tampa, Fl. 33634-4905</b>		
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>8/19/96</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3405538</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>	
Zip <b>24</b>		Zip <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>29</b>		Country <b>30</b>	
<b>24</b>		<b>25</b>		<b>29</b>	
<b>24</b>		<b>25</b>		<b>29</b>	
9. Name and Address of Current Registered Agent <b>Elsner, Robert C. 5601 Hanley Rd. Tampa, Fl. 33634</b>			10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>		
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					
1.1 TITLE <b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <b>Lynn Guelzow</b>					
1.3 STREET ADDRESS <b>5513 Raven Ct.</b>					
1.4 CITY-ST-ZIP <b>Tampa, Fl. 33625</b>					
2.1 TITLE <b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME <b>Rev. Charles Traver</b>					
2.3 STREET ADDRESS <b>2901 Highland Ave.</b>					
2.4 CITY-ST-ZIP <b>Tampa, Fl. 33602</b>					
3.1 TITLE <b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME <b>Paul Clarke</b>					
3.3 STREET ADDRESS <b>17764 Esprit Dr.</b>					
3.4 CITY-ST-ZIP <b>Tampa, Fl. 33647</b>					
4.1 TITLE <b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME <b>Matthew Ellrod</b>					
4.3 STREET ADDRESS <b>1215 Wisper Run Ct.</b>					
4.4 CITY-ST-ZIP <b>Lutz, Fl. 33549</b>					
5.1 TITLE <b>Louise Ellrod</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME <b>Louise Ellrod</b>					
5.3 STREET ADDRESS <b>1215 Wisper Run Ct.</b>					
5.4 CITY-ST-ZIP <b>Lutz, Fl. 33549</b>					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
7.2 NAME					
7.3 STREET ADDRESS					
7.4 CITY-ST-ZIP					
8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
8.2 NAME					
8.3 STREET ADDRESS					
8.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert W. Reed** 8/27/99 813-935-5648

CR2E037 (11/98)