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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003904

1. Corporation Name

CHRIST COMMUNITY LUTHERAN SCHOOL, INC.

Principal Place of Business

777 MOORING LINE DR.
NAPLES FL 34102

Mailing Address

777 MOORING LINE DR.
NAPLES FL 34102



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

07/07/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0806628

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

Trust Fund Contribution ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROTH, ROBERT W
1044 CASTELLO DR., SUITE 101
NAPLES FL 34103

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 PD ☐ DELETE
NAME SEITZ, JAMES
STREET ADDRESS 6150 CYPRESS HOLLOW WY
CITY-ST-ZIP NAPLES FL 34109

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME STOHLER, ERMIL
STREET ADDRESS 136 FLAME VINE DR.
CITY-ST-ZIP NAPLES FL 34110

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BLAZEK, LINDA
STREET ADDRESS 2224 54TH TERR. SW
CITY-ST-ZIP NAPLES FL 34116

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LINDHAHL, JEAN Lindahl, Jean
STREET ADDRESS 2305 PICCADILLY CIRCUS
CITY-ST-ZIP NAPLES FL 34112

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Lindahl, Jean
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HANDRICH, JANE
STREET ADDRESS 2811 CITRUS LAKE DR., J-102
CITY-ST-ZIP NAPLES FL 34109

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

James D. Seitz
James D. Seitz 1-26-99 941-262-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)