

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90032 028 ****61.25

DOCUMENT # 710936					
1. Entity Name ST. JOHN LUTHERAN CHURCH, INC.					
Principal Place of Business 10495 SUNSET HARBOR RD. SUMMERFIELD, FL 34491 US			Mailing Address 10495 SUNSET HARBOR RD SUMMERFIELD, FL 34491 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3285000	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
QUALHEIM, KENNETH P 17734 SE 108TH AVENUE SUMMERFIELD, FL 34491			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUIVINEN, DAVE 1504 AVILA PLACE LADY LAKE, FL 32159	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, Jere 5802 Agnew Rd Belleview FL 34420	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENGEN, BYRON 525 CARRERA DR LADY LAKE, FL 32159	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD McLEAN, DICK P.O. BOX 225 WEIRSDALE, FL 32195	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRUEGER, HOWARD D 17897 SE 105TH AVE SUMMERFIELD, FL 34491	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KROHN II, Norris 8780 SE 140th Place Rd SUMMERFIELD FL 34491	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAMKOHLER, KAREN 2009 RIOS COURT LADY LAKE, FL 32159	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Change ☐ Addition				
12. 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 report or supplemental 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 10 or Block 11 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					
Date					
Daytime Phone #					