


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

5/4/20

**FILED**  
**Jun 18, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90156 036 \*\*\*61.25

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<b>DOCUMENT # 711832</b>			
1. Entity Name ST. LUKE'S EVANGELICAL LUTHERAN CHURCH, INC., OF SLAVIA, FLORIDA			
Principal Place of Business 132C 2021 W. STATE ROAD 426 OVIEDO, FL 32765 US		Mailing Address 2021 W STATE ROAD 426 OVIEDO, FL 32765 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 59-1153406		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'DELL, DONALD 708 RIVER BOAT CIRCLE ORLANDO, FL 32828		Name <u>Mack, Jay</u> Street Address (P.O. Box Number is Not Acceptable) <u>2293 Foliage Oak Terrace</u> City <u>Oviedo</u> FL <u>32766</u>	
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 <u>Jay D. Mack</u>		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DUDA, DAVID 709 CONESUES WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACK, JAY 2293 FOLIAGE OAK TERRACE OVIEDO FL 32766 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARVER, CHARLOTTE 3045 LOWERY DR OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRODSKI, WILLIAM 1938 SEBECA BLVD WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELLO, STACY 452 CYPRESS COURT GENEVA FL 32752 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MACK, JAY 817 COPPERFIELD TERR CASSELBERRY, FL 32707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUILLES, GARY 221 STRATFORD WINTER SPRINGS FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Stacy Mello</u> <u>Stacy Mello</u>		Date <u>4/27/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	