


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-01-2004 90034 041 ****61.25

DOCUMENT # 757799					
1. Entity Name ST. PAUL EVANGELICAL LUTHERAN CHURCH OF BOCA RATON, FLORIDA, INC.					
Principal Place of Business 701 WEST PALMETTO PARK ROAD BOCA RATON, FL 33486			Mailing Address 701 WEST PALMETTO PARK ROAD BOCA RATON, FL 33486		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Country		
4. FEI Number 59-1231929			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		
GLICK, DENNIS W REV. 701 W. PALMETTO PARK RD BOCA RATON, FL 33486			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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 <input type="checkbox"/>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGAN, DENNIS		NAME	Merritt, Cliff	
STREET ADDRESS	3008 NW 25 WAY		STREET ADDRESS	20671 Bay Brooke Court	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	Boca Raton, Fl. 33498	
TITLE	SD	<input type="checkbox"/> Delete <input checked="" type="checkbox"/>	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATLOCK, INGRID		NAME	Roberts, Jacqueline	
STREET ADDRESS	131 BAREFOOT COVE		STREET ADDRESS	6639 Columbia Ave.	
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP	Lake Worth, Fl. 33467	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Lake Worth, Fl. 33467	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWLEY, MICHAEL		NAME		
STREET ADDRESS	1000 NW 6TH STREET		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZOOK, MORGAN J		NAME	Bosselman, George	
STREET ADDRESS	243 NW 9TH TERRACE		STREET ADDRESS	6752 Canary Palm Cr.	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boca Raton, Fl. 33433	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNAKE, CHRISTOPHER		NAME	Spano, Peter	
STREET ADDRESS	691 SW 14TH STREET		STREET ADDRESS	4405 NW 24th Terr.	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boca Raton, Fl. 33431	
TITLE	AVPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIERKER, JOHN		NAME		
STREET ADDRESS	6510 WOODBURY RD.		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
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: _____		Date		Daytime Phone #	
John Dierker		2/25/04		561-273-2386	

54013360



01052004 Chg-NP CR2E037 (10/03)