



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90030 005 ****70.00

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		4. FEI Number 59-1231929	
Zip		Country		5. Certificate of Status Desired <input checked="" 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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD
NAME	MERRITT, CLIFF			NAME	Kanitra, Paul
STREET ADDRESS	20671 BAY BROOKE CT			STREET ADDRESS	3287 NW 61 St.
CITY-ST-ZIP	BOCA RATON, FL 33498			CITY-ST-ZIP	Boca Raton, Fl. 33496
TITLE	SD	<input type="checkbox"/> Delete		TITLE	
NAME	ROBERTS, JACQUELINE			NAME	
STREET ADDRESS	6639 COLUMBIA AVE.			STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	
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
NAME	BOSELMAN, GEORGE			NAME	Haberlein, John
STREET ADDRESS	6752 CANARY PALM CT.			STREET ADDRESS	785 Elm Tree Lane
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	Boca Raton, Fl. 33486
TITLE	CD	<input type="checkbox"/> Delete		TITLE	
NAME	SPANO, PETER			NAME	
STREET ADDRESS	4405 NW 24TH TERR.			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431			CITY-ST-ZIP	
TITLE	AVPD	<input type="checkbox"/> Delete		TITLE	
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 exemptions contained in Chapter 119, 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: 		JOHN DIERKER		1/12/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone # 561-273-2386	