


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 757799</b> 1. Entity Name ST. PAUL EVANGELICAL LUTHERAN CHURCH OF BOCA RATON, FLORIDA, INC.	
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Principal Place of Business 701 WEST PALMETTO PARK ROAD BOCA RATON, FL 33486	Mailing Address 701 WEST PALMETTO PARK ROAD BOCA RATON, FL 33486
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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1231929</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GLICK, DENNIS W REV. 701 W. PALMETTO PARK RD BOCA RATON, FL 33486	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000658054  
03/15/07-80022-012 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANITRA, PAUL 3287 NW 61ST ST. BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBERTS, JACQUELINE 6639 COLUMBIA AVE. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROWLEY, MICHAEL 1000 NW 6TH STREET BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HABERLEIN, JOHN 785 ELM TREE LANE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SPANO, PETER 4405 NW 24TH TERR. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPD DIERKER, JOHN 6510 WOODBURY RD. BOCA RATON, FL 33433

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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 persons empowered.

SIGNATURE:  DATE: 2-28-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR