

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90018 012 ****61.25

0014535

DOCUMENT # 711832

1. Corporation 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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/23/1966

4. FEI Number

59-1153406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

O'DELL, DONALD
708 RIVER BOAT CIRCLE
ORLANDO FL 32828

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME O'DELL, DONALD
STREET ADDRESS 708 RIVER BOAT CIRCLE
CITY-ST-ZIP ORLANDO FL 32828 ☐ DELETE

TITLE SD
NAME FINK, GAIL
STREET ADDRESS 2823 SEAN RIDGE RD
CITY-ST-ZIP ORLANDO FL 32828 ☒ DELETE

TITLE TD
NAME BRUMBACK, WESLEY W
STREET ADDRESS 726 GLEN EAGLE DR
CITY-ST-ZIP WINTER SPRINGS FL ☒ DELETE

TITLE VPD
NAME KALEITA, JACK
STREET ADDRESS 14613 GAINESBOROUGH DRIVE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME BRIGHTWELL, SHARON
2.3 STREET ADDRESS 9251 LAKE SHARP COURT
2.4 CITY-ST-ZIP ORLANDO, FL 32817

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME WILLIAM GRODSKI
3.3 STREET ADDRESS 1836 SENECA BLVD.
3.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don O'Dell **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)