

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769113

1. Entity Name

SOUTHERN LUTHERAN ACADEMY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

992 CHASE HAMMOCK ROAD  
MERRITT ISLAND FL 32953-7703  
US

992 CHASE HAMMOCK ROAD  
MERRITT ISLAND FL 32953-7703  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2351378

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WICHMANN, LEON  
992 CHASE HAMMOCK RD.  
MERRITT ISLAND FL 32953

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME KRENKE, DAVID  
STREET ADDRESS 28215 S US HWY 27  
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME PANLOW, JAMES  
STREET ADDRESS 9727 SCEPTER AVE.  
CITY-ST-ZIP BROOKSVILLE FL 34613 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME GOELZER, DAVE  
STREET ADDRESS 11348 79TH AVE N  
CITY-ST-ZIP SEMINOLE FL 34642 ☐ Delete

TITLE V.T.  
NAME GOELZER, DAVE  
STREET ADDRESS Same as Block #10  
CITY-ST-ZIP 702 Bay View Court  
Melbourne, FL 32940 ☒ Change ☐ Addition

TITLE TD  
NAME WICHMANN, LEON  
STREET ADDRESS 992 CHASE HAMMOCK ROAD  
CITY-ST-ZIP MERRITT ISLAND FL 32953-7703 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Same as Block #10 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

Leon Wichmann

3/7/00

321-452-7738

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)