


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90581 006 ****61.25

DOCUMENT # 769113 1. Entity Name SOUTHERN LUTHERAN ACADEMY ASSOCIATION, INC.					
Principal Place of Business 992 CHASE HAMMOCK ROAD MERRITT ISLAND, FL 32953-7703 US			Mailing Address 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			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2005		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOCH, HENRY		NAME		
STREET ADDRESS	4845 25TH AVE. NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOELZER, DAVE		NAME	Sec. Doug Geo.	
STREET ADDRESS	11348 79TH AVE N		STREET ADDRESS	4001 S. Carlisle Road	
CITY-ST-ZIP	SEMINOLE, FL 34642		CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WICHMANN, LEON		NAME		
STREET ADDRESS	992 CHASE HAMMOCK ROAD		STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND, FL 329537703		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEMKE, PAUL		NAME		
STREET ADDRESS	777 SE 58TH AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 344713551		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Leon Wichmann</u> Leon Wichmann			4/14/05 321-867-1504		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		