

2006, NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 041 ****61.25

DOCUMENT # 711832

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1153406

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

MACK, JAY
2293 FOLIAGE OAK TERRACE
OVIEDO, FL 32766

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jay D. Mack JAY D. MACK

1/9/06
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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 ☐ Delete
NAME MACK, JAY
STREET ADDRESS 2293 FOLIAGE OAK TERRACE
CITY-ST-ZIP OVIEDO, FL 32766

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

TITLE S ☒ Delete
NAME CARVER, CHARLOTTE
STREET ADDRESS 3045 LOWERY DR
CITY-ST-ZIP OVIEDO, FL 32765

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Mello, Stacy
CITY-ST-ZIP 452 Cypress Court
Geneva FL 32732

TITLE TD ☒ Delete
NAME MELLO, STACY
STREET ADDRESS 452 CYPRESS COURT
CITY-ST-ZIP GENEVA, FL 32732

TITLE ☒ Change ☐ Addition
NAME Treasurer
STREET ADDRESS Mueller, Michael
CITY-ST-ZIP 1783 Seneca Blvd
Winter Springs, FL 32708

TITLE VPD ☐ Delete
NAME GUILLES, GARY
STREET ADDRESS 221 STRATFORD
CITY-ST-ZIP WINTER SPRINGS, FL 32708

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jay D. Mack JAY D. MACK 1/9/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #