

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 09, 2005 8:00 am
Secretary of State

08-09-2005 90003 042 ****70.00

DOCUMENT # 700266					
1. Entity Name LUTHER MEMORIAL EVANGELICAL LUTHERAN CHURCH OF HOLLYWOOD, FLORIDA, INC.					
Principal Place of Business 1925 N 60TH AVE 1925 N 60TH AVENUE HOLLYWOOD FL 33021 US			Mailing Address 1925 N 60TH AVE 1925 N 60TH AVENUE HOLLYWOOD FL 33021 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 58-1705922 Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARTHUR J. GALLAGHER & CO., ORLANDO 7380 SAND LAKE ROAD SUITE 390 ORLANDO FL 32819				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PO	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CORGEE, JAMES R		NAME		
STREET ADDRESS	3100 N OCEAN BLVD APT 2203		STREET ADDRESS		
CITY- ST- ZIP	FORT LAUDERDALE FL 33308		CITY- ST- ZIP		
TITLE	SO	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BRAESEKE, HELEN		NAME		
STREET ADDRESS	1738 NORTH 16TH COURT 173		STREET ADDRESS		
CITY- ST- ZIP	HOLLYWOOD FL 33020		CITY- ST- ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SOEDER, BETTY		NAME		
STREET ADDRESS	7381 CLEVELAND ST		STREET ADDRESS		
CITY- ST- ZIP	HOLLYWOOD FL 33024		CITY- ST- ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LARSON, BARRY C		NAME		
STREET ADDRESS	111 S.E. 3RD AVE. #107		STREET ADDRESS		
CITY- ST- ZIP	DANIA BEACH FL 33004		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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 file empowered.					
SIGNATURE: <u>Betty L Soeder</u> <u>Betty L Soeder</u> <u>Sec/Treas.</u> <u>8/3/05</u> <u>954-989-1766</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					