2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR)

DOCUMENT # 700266

1. En⊊y Name

Principal Place of Business

LUTHER MEMORIAL EVANGELICAL LUTHERAN CHURCH OF HOLLYWOOD, FLORIDA, INC.



1925 N 60TH AVE 1925 N 60TH AVENUE HOLLYWOOD FL 33021 3. Mailing Address

Mailing Address

1925 N 60TH AVE 1925 N 60TH AVENUE HOLLYWOOD FL 33021 US 2. Principal Place of Business

FILED May 03, 2006 8:00 am Secretary of State

05-03-2006 90196 015 ****70.00



| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 1st MOORE CR2E037 (10/05) | | | | | | |
|--|---|---|---------------------|--|-----------|--|--|--------------------------------|--------------|--------------------------------|----------------------|---------------------------|--|
| City & State | | | City & State | | | | | 4. FEI Number 59-1705322 | | | - - | plied For t Applicable | |
| Zip | Country | | | Zip Co | | | | | | 8.75 Additional ee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| ARTHUR J. GALLAGHER & CO., ORLANDO 7380 SAND LAKE ROAD SUITE 390 | | | | | | Name | | | | ····· | | | |
| | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| ORLA | NDO FL | _ 32819 | | | | | | | | FL | Zip Code | Э | |
| B. The above n the obligatio | | v submits this statement for ered agent. | r the purpo | ose of changing its | register | L ed office or | register | red agent, or both, in the | State of Flo | | miliar with, | and accept | |
| | ilgnature, typed | or printed name of registered agent | and little if appr | ncable (NOTE | Registero | d Agent signati | не тефлиед | f when reastating) | | DATE | | | |
| FI | ILE NOW | FEE IS \$61.25 May 1, 2006 | | 9. Éléction Cam Trust Fund C | | | | \$5.00 May Be Added to Fees | | ke Check da Departr | - | 1 | |
| 10. | ' | OFFICERS AND DIF | RECTORS | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 11. | • | | ADDITIONS/CHANGES | TO OFFICE | RS AND DIR | CTORS IN | 10 | |
| NAME C | | | | | | | | ☐ Change | | | | | |
| NAME E | | | | | | | 90 | at Gallagher | | | | | |
| NAME STREET ADDRESS 7 | · · | | | | | | | | | | Change | Addition | |
| NAME E STREET ADDRESS 1 | LARSON, BARRY C 111 S.E. 3RD AVE. #107 | | | | | P | on Fellows □ Change K Ad O Box 813944 ollywood, FL 33081 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | □ Delete | | | | | • | | Change | Addition . | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | | | | | | • | ☐ Change | Addition . | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

BETTY SOEDEL, TREASURER