

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90013 036 \*\*\*\*61.25

**DOCUMENT # 701948**

1. Entity Name

**CHRIST THE KING LUTHERAN CHURCH, INCORPORATED**



Principal Place of Business

**1577 SUNSET STRIP N.W. 61ST AVENUE  
FORT LAUDERDALE FL 33313**

Mailing Address

**1577 SUNSET STRIP N.W. 61ST AVENUE  
FORT LAUDERDALE FL 33313**

0218000



MOORE CR2E037 (11/03)

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

**59-0995239**

Applied For

Not Applicable

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

**WALDRON, JOHN G  
8391 NW 27 PLACE  
SUNRISE FL 33322**

Name

Street Address (P.O. Box Number is Not Acceptable)

**19451 Sheridan St. #290**

City

**Fort Lauderdale**

FL

Zip Code

**33332**

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

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  
Due By May 1, 2004**

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 ☒ Delete  
NAME **BATCHELDER, CLAIRE**  
STREET ADDRESS **8661 NW 24 PL**  
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Change ☒ Addition  
NAME **Mae Borgandale**  
STREET ADDRESS **12041 NW 29th St.**  
CITY-ST-ZIP **Sunrise, FL 33323**

TITLE ☒ Delete  
NAME **ABEL, JOHN**  
STREET ADDRESS **1470 SUNSET STRIP**  
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE ☐ Change ☒ Addition  
NAME **Claudette Dacres**  
STREET ADDRESS **5999 NW 18th Ct.**  
CITY-ST-ZIP **Sunrise, FL 33313**

TITLE ☒ Delete  
NAME **ROGNER, SANDRA**  
STREET ADDRESS **7555 NW 44TH STREET, #506**  
CITY-ST-ZIP **LAUDERHIL FL 33319**

TITLE ☐ Change ☒ Addition  
NAME **Almarce Headrick**  
STREET ADDRESS **3948 NW 39th Ave.**  
CITY-ST-ZIP **Lauderdale Lakes, FL 33309**

TITLE ☐ Delete  
NAME **WALDRON, JOHN**  
STREET ADDRESS **8391 NW 27TH PLACE**  
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☒ Change ☐ Addition  
NAME **19451 Sheridan St. #290**  
STREET ADDRESS **Fort Lauderdale FL**  
CITY-ST-ZIP **33332**

TITLE ☒ Delete  
NAME **TAYLOR, ELIZABETH**  
STREET ADDRESS **6271 NW 13 ST**  
CITY-ST-ZIP **SUNRISE FL 33313**

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

TITLE ☐ Delete  
NAME **BRAAF, HUMPHREY**  
STREET ADDRESS **6211 NW 14 PLACE**  
CITY-ST-ZIP **SUNRISE FL 33313**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 13, 2004**

Date

Daytime Phone #