

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702266

FILED
Mar 02, 2007
Secretary of State

Entity Name: APOSTOLIC LUTHERAN CONGREGATION OF LAKE WORTH, INC.

Current Principal Place of Business:

4650 KIRK RD
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

4650 KIRK ROAD
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 91-2007776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARKELA, RODNEY
6940 N CALUMET CIRCLE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SARKELA, RODNEY
Address: 6940 N CALUMET CIRCLE
City-St-Zip: LAKE WORTH, FL 33469

Title: T () Delete
Name: SAKRISSEN, ALV
Address: 4285 WOKKER DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: MATSON, JESSE
Address: 832 S.W. 34TH AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: SALGUERO, ANTONIO
Address: 8763 RODEO DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: KROOK, STEVEN
Address: 825 OYSTER LANE WEST
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: LAMPINEN, LARRY
Address: 4991 WAVERLY WOODS TER
City-St-Zip: LAKE WORTH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MATSON, JESSE
Address: 6410 BOYD LANE
City-St-Zip: LANTANA, FL 33445

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALV SAKRISSEN

T

03/02/2007

Electronic Signature of Signing Officer or Director

Date