


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90286 045 ****61.25

DOCUMENT # 705638

1. Entity Name
 ST. JOHN EVANGELICAL LUTHERAN CHURCH OF ORLANDO AND WINTER PARK, FLORIDA, INC.



Principal Place of Business
 1600 S ORLANDO AVENUE
 WINTER PARK, FL 32789

Mailing Address
 1600 S ORLANDO AVENUE
 WINTER PARK, FL 32789


2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

40070000



02222007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-0900996 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 JOHNSON, JERRY
 1600 SOUTH ORLANDO AVE
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent
 Name **RONNA MCFadden**
 Street Address (P.O. Box Number is Not Acceptable)
1600 S ORLANDO AVE
Winter Park FL 32789

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 Ronna McFadden **RONNA MCFadden** 4/12/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BORNMAN, ED	
STREET ADDRESS	1212 LAMPLIGHTER WAY	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEMESH, PATRICIA	
STREET ADDRESS	3787 BISCAYNE DRIVE	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CALLAHAN, CHRISTINE	
STREET ADDRESS	4740 ANSON LANE	
CITY-ST-ZIP	ORLANDO, FL 32814	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MULDER, HAROLD	
STREET ADDRESS	3128 NICHOLSON DR	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ENGWALL, MARK	
STREET ADDRESS	3501 NEPTUNE DR	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JERRY	
STREET ADDRESS	1600 SOUTH ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK, FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA LEMESH	
STREET ADDRESS	3787 BISCAYNE DR.	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTINE CALLAHAN	
STREET ADDRESS	2731 UPPER PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32814	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL POHLAD	
STREET ADDRESS	1040 W. PEBBLE BEACH LN	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM KLIMA	
STREET ADDRESS	1206 WINDSOR AVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SERGIO MENDES	
STREET ADDRESS	8213 GRANADA BLVD	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONNA MCFADDEN	
STREET ADDRESS	1600 S. ORLANDO AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	

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: R. Lemesh **R. Lemesh** 4/12/2007 407-644-1783
Signature and typed or printed name of signing officer or director Date Daytime Phone #