


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90057 019 \*\*\*\*61.25

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                  |                                                       |                                                                                   |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 705638</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                                                  |                                                       |  |                                                                              |
| 1. Entity Name<br>ST. JOHN EVANGELICAL LUTHERAN CHURCH OF ORLANDO AND WINTER PARK, FLORIDA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                  |                                                       |                                                                                   |                                                                              |
| Principal Place of Business<br>1600 S ORLANDO AVENUE<br>WINTER PARK, FL 32789                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | Mailing Address<br>1600 S ORLANDO AVENUE<br>WINTER PARK, FL 32789                |                                                       |                                                                                   |                                                                              |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | 3. Mailing Address                                                               |                                                       |                                                                                   |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | Suite, Apt. #, etc.                                                              |                                                       |                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | City & State                                                                     |                                                       |                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                   | Zip                                                                              | Country                                               | 4. FEI Number<br>59-0900996                                                       | Applied For<br>Not Applicable                                                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                  |                                                       | 8.75 Additional Fee Required                                                      |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                  | 7. Name and Address of New Registered Agent           |                                                                                   |                                                                              |
| MCFADDEN, RONNA<br>1600 SOUTH ORLANDO AVE<br>WINTER PARK, FL 32789                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                                  | Name<br>VAN HAECKE, WILLIAM                           |                                                                                   |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                  | Street Address (P.O. Box Number is Not Acceptable)    |                                                                                   |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                  | 805 LINDENWALD LANE                                   |                                                                                   |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                  | City<br>ALTAMONTE SPRINGS FL                          |                                                                                   | Zip Code<br>32701                                                            |
| 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 <i>William Van Haecke</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | SIGNATURE <i>William Van Haecke</i>                                              |                                                       | DATE 07/03/08                                                                     |                                                                              |
| Filing Fee is \$61.25<br>Due by September 12, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                       | \$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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>POHLAD, BURT<br>1040 W WEBBLE BEACH LM<br>WINTER SPRINGS, FL 32708  | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | M<br>VANHAECKE, WILLIAM<br>805 LINDENWALD LANE<br>ALTAMONTE SPRINGS, FL 32701     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>LEMESH, PATRICIA<br>3787 BISCAYNE DRIVE<br>WINTER SPRINGS, FL 32708 | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>DETZEL, JIM<br>8211 W LAKE BRANTLEY DR<br>LONGWOOD, FL 32779                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>CALLAHAN, CHRISTINE<br>2731 UPPER PARK RD<br>ORLANDO, FL 32814      | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>DARCEY, LYNN<br>321 MERRIE OAKS RD.<br>WINTER PARK FL 32792                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>KLIMA, JIM<br>1206 WINDSOR AVE<br>LONGWOOD, FL 32750                | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>MENDES, SERGIO<br>8213 GRANDADA BLVD<br>ORLANDO, FL 32836           | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | M<br>MCFADDEN, RONNA<br>1600 S ORLANDO AVE<br>WINTER PARK, FL 32789       | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <i>Jim Detzel</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR               |                                                       | Date 7-3-08                                                                       |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                  |                                                       | Daytime Phone # 407-389-6456                                                      |                                                                              |