

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

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90013 017 \*\*\*\*61.25

**DOCUMENT # 707175**

1. Entity Name

SAINT STEPHEN EVANGELICAL LUTHERAN CHURCH,  
INCORPORATED OF POMPANO BEACH, FLORIDA



Principal Place of Business

2500 NE 14TH STREET CAUSEWAY  
POMPANO BCH FL 33062-5222

Mailing Address

2500 NE 14TH STREET CAUSEWAY  
POMPANO BCH FL 33062-5222

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number

59-1856069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEGENER, KARL  
1271 SE 5TH AVE  
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name

Mike Livingston

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

4151 Eastridge Circle

Pompano Beach, FL 33064

City

FL

Zip Code

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

7-31-2004

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 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

TITLE P ☒ Delete  
NAME KAUFMAN, KIM  
STREET ADDRESS 731 NE 13 AVE  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE VP ☒ Delete  
NAME ENNEN, GREG  
STREET ADDRESS 351 SW 13 ST  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE ST ☐ Delete  
NAME ENNEN, GREG  
STREET ADDRESS 351 SW 13 ST  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE T ☒ Delete  
NAME WEGENER, KARL  
STREET ADDRESS 1271 SE 5TH AVE  
CITY-ST-ZIP POMPANO BEACH FL 33060

TITLE TFS ☒ Delete  
NAME KAPTAIN, BARBARA  
STREET ADDRESS 5665 NW 21 AVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE PAST ☐ Delete  
NAME VAN O'LINDA, WILLIAM  
STREET ADDRESS 4082 OX BOW DRIVE  
CITY-ST-ZIP COCONUT CREEK FL 33073

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME Don Burroughs  
STREET ADDRESS 1111 NE 27 Avenue  
CITY-ST-ZIP Pompano Beach, FL 33062

TITLE VP ☒ Change ☐ Addition  
NAME Richard Brusted  
STREET ADDRESS 5500 NE 15 Avenue  
CITY-ST-ZIP Ft. Lauderdale, FL 33334

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

TITLE ☒ Change ☐ Addition  
NAME Mike Livingston  
STREET ADDRESS 4151 Eastridge Circle  
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE TFS ☒ Change ☐ Addition  
NAME Kim Kaufman  
STREET ADDRESS 731 NE 13 Avenue  
CITY-ST-ZIP Pompano Beach, FL 33060

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

Date

Daytime Phone #

Don M. Burroughs 7-18-04 954-942-4473