

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90102 008 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

**LIVINGSTON, MIKE
4151 EASTRIDGE CIRCLE
POMPANO BEACH FL 33064**

Name

NORMAN SORENSEN

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

3200 N Palm Aire Dr #603

City

POMPANO BEACH

FL

Zip Code

33069

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

Norman Sorensen

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, 2005**

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 P ☐ Delete
NAME BURROUGHS, DON
STREET ADDRESS 1111 NE 27 AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33062

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

TITLE VP ☐ Delete
NAME BRUSTED, RICHARD
STREET ADDRESS 5500 NE 15 AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33334

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

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

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

TITLE T ☒ Delete
NAME LIVINGSTON, MIKE
STREET ADDRESS 4151 EASTRIDGE CIRCLE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE T ☐ Change ☒ Addition
NAME SORENSEN, NORMAN
STREET ADDRESS 3200 N. Palm Aire Dr. #603
CITY-ST-ZIP POMPANO Beach, FL 33069

TITLE TFS ☐ Delete
NAME KAUFMAN, KIM
STREET ADDRESS 731 NE 13 AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33060

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

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

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:

Donna M. Burroughs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-05

Date

954-942-4473

Daytime Phone #