


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90137 037 ****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		Country		Country	
6. Name and Address of Current Registered Agent SORENSEN, NORMAN 3200 N PALM AIRE DR #603 POMPANO BEACH, FL 33069				7. Name and Address of New Registered Agent Name RICHARD BRUSTAD Street Address (P.O. Box Number is Not Acceptable) 5500 NE 15TH AVE City FT. LAUDERDALE FL Zip Code 33334	
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 RICHARD BRUSTAD <i>Richard Brustad</i> 7/11/06 (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P BURROUGHS, DON 1111 NE 27 AVENUE POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Burroughs, Don
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRUSTED, RICHARD 5500 NE 15 AVENUE FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brustad, Richard
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ENNEN, GREG 351 SW 13 ST POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy Russell Kaufman
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SORENSEN, NORMAN 3200 N PALM AIRE DR #603 POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TFS KAUFMAN, KIM 731 NE 13 AVENUE POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST VAN O'LINDA, WILLIAM 4082 OX BOW DRIVE COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTERIM PASTOR GEORGE CRUZ
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>Richard Brustad</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7/11/06 954-942-4473 Date Daytime Phone #		