


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

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90270 037 \*\*\*\*61.25

<b>DOCUMENT # 708078</b>	
<b>1. Entity Name</b> FIRST LUTHERAN CHURCH OF GAINESVILLE, FLORIDA	

<b>Principal Place of Business</b> 1801 NORTHWEST FIFTH AVENUE GAINESVILLE FL 32603	<b>Mailing Address</b> 1801 NORTHWEST FIFTH AVENUE GAINESVILLE FL 32603
---	---

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 59-1161607	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> MEYER, CHARLES R 7250 HARMONY LANE KEYSTONE HEIGHTS FL 32656-1415
---

<b>7. Name and Address of New Registered Agent</b> Name: <i>Roger P Natzke</i> Street Address (P.O. Box Number is Not Acceptable): <i>4633 SW 105 Dr</i> City: <i>Gainesville</i> FL Zip Code: <i>32608</i>
--

<b>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.</b> SIGNATURE: <i>Roger P Natzke</i> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: <i>4/13/04</i>
---

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> SD <b>NAME</b> FERGUSON, KATHY <b>STREET ADDRESS</b> 5409 NW 91 BLVD <b>CITY-ST-ZIP</b> GAINESVILLE FL 32653	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> TD <b>NAME</b> HELLING, JUDITH W <b>STREET ADDRESS</b> 3009 NW 12 PL <b>CITY-ST-ZIP</b> GAINESVILLE FL	<input type="checkbox"/> Delete
<b>TITLE</b> PD <b>NAME</b> MEYER, CHARLES R <b>STREET ADDRESS</b> 7250 HARMONY LANE <b>CITY-ST-ZIP</b> KEYSTONE HEIGHTS FL 32656-1415	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> VD <b>NAME</b> BROTHERS, GREG <b>STREET ADDRESS</b> RT 4 BOX 3124 <b>CITY-ST-ZIP</b> LAKE BUTLER FL 32054	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> SD <b>NAME</b> Sheila Ebert <b>STREET ADDRESS</b> 17723 NE 21 ST <b>CITY-ST-ZIP</b> Gainesville, FL 32609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> PD <b>NAME</b> Roger P Natzke <b>STREET ADDRESS</b> 4633 SW 105 Dr <b>CITY-ST-ZIP</b> Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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 lists empowered.</b> SIGNATURE: <i>Roger P Natzke</i> Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: <i>4/13/04</i> Daytime Phone #: <i>(352) 376-2062</i>
---