

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

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90035 005 \*\*\*\*61.25

DOCUMENT # 708078

1. Entity Name

FIRST LUTHERAN CHURCH OF GAINESVILLE, FLORIDA



Principal Place of Business

1801 NORTHWEST FIFTH AVENUE  
GAINESVILLE FL 32603

Mailing Address

1801 NORTHWEST FIFTH AVENUE  
GAINESVILLE FL 32603

50027183



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1161607

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HATZKE, ROGER P  
4633 SW 105 DR  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name Mark Hoyer  
Street Address (P.O. Box Number is Not Acceptable)  
7904 NE 78 PL  
Gainesville  
City FL Zip Code 32609

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

Mark Victor Hoyer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/07/05

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

TITLE SD ☐ Delete  
NAME EBERT, SHEILA  
STREET ADDRESS 17723 NE 21 ST  
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE TD ☐ Delete  
NAME HELLING, JUDITH W  
STREET ADDRESS 3009 NW 12 PL  
CITY-ST-ZIP GAINESVILLE FL

TITLE PD ☐ Delete  
NAME NATZKE, ROGER P  
STREET ADDRESS 4633 SW 105 DR  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE VD ☐ Delete  
NAME BROTHERS, GREG  
STREET ADDRESS RT 4 BOX 3124  
CITY-ST-ZIP LAKE BUTLER FL 32054

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Change ☐ Addition  
NAME Judy Steffen  
STREET ADDRESS 4311 SW 50 St.  
CITY-ST-ZIP Gainesville, FL 32608

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

TITLE PD ☒ Change ☐ Addition  
NAME Mark Hoyer  
STREET ADDRESS 7904 NE 78 PL  
CITY-ST-ZIP Gainesville FL 32609

TITLE VD ☒ Change ☐ Addition  
NAME Jack Halabin  
STREET ADDRESS 14550 NE 51st St.  
CITY-ST-ZIP Williston, FL 32494

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

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: Judith W. Helling Judith W. Helling 3/10/05 (352)376-2062  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #