

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90005 007 \*\*\*\*61.25

**DOCUMENT # 709560**

1. Entity Name  
FIRST LUTHERAN CHURCH OF EAST HERNANDO  
COUNTY, INC.



Principal Place of Business  
30419 PARK RIDGE DR.  
BROOKSVILLE, FL 34602 US

Mailing Address  
30419 PARK RIDGE DR.  
BROOKSVILLE, FL 34602 US

40027294



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-2674877

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

NELSON, LAVERN  
7727 CR 659/ P.O BOX 227  
NOBLETON, FL 33513

Name

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

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

Filing Fee is \$61.25  
Due by May 1, 2007

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 DT  
NAME NELSON, LAVERN ☐ Delete  
STREET ADDRESS 7727 CR 659/ P.O. BOX 227  
CITY-ST-ZIP NOBLETON, FL 33513

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

TITLE P ☐ Delete  
NAME HILL, DAVE  
STREET ADDRESS 31248 SATINLEAF RUN  
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE ☒ Change ☐ Addition  
NAME Hill, Dave  
STREET ADDRESS 31248 Satinleaf Run  
CITY-ST-ZIP Brooksville, FL 34602

TITLE V ☒ Delete  
NAME HILL, MAURY  
STREET ADDRESS 34451 CEDARFIELD DR  
CITY-ST-ZIP RIDGE MANOR, FL 33523

TITLE ☐ Change ☒ Addition  
NAME Hill, Mary Ann  
STREET ADDRESS 34451 Cedarfield Drive  
CITY-ST-ZIP Ridge Manor, FL 33523

TITLE FS ☒ Delete  
NAME CAFLISCH, ZINA  
STREET ADDRESS 4300 NANCY CREEK BLVD.  
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE ☐ Change ☒ Addition  
NAME McMillan, Billy  
STREET ADDRESS 6040 Knollwood Drive  
CITY-ST-ZIP Ridge Manor, FL 33523

TITLE FS ☒ Delete  
NAME RIZZO, KEVIN  
STREET ADDRESS 1497 COBLE ROAD  
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE ☐ Change ☒ Addition  
NAME Woodhouse, Charles  
STREET ADDRESS PO Box 98  
CITY-ST-ZIP Nobleton, FL 34661

TITLE SD ☐ Delete  
NAME CARLSON, ANDREA  
STREET ADDRESS P.O. BOX 94  
CITY-ST-ZIP NOBLETON, FL 34661

TITLE ☐ Change ☒ Addition  
NAME Ungerer, Helga  
STREET ADDRESS 31228 Bianton Rd  
CITY-ST-ZIP Dale City, FL 33523

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #