


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 709624 1. Entity Name GLORIA DEI LUTHERAN CHURCH OF LEESBURG, FLORIDA, INC.	
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Principal Place of Business 130 S LONE OAK DRIVE LEESBURG, FL 34748 US	Mailing Address 130 S LONE OAK DRIVE LEESBURG, FL 34748 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7375297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNELLY, SUE
5320 TWIN RIVERS PALMS
FRUITLAND PARK, FL 34731

**DO NOT WRITE
IN THIS SPACE**

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: Susan Connelly DATE: 1-12-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNDY, BRIAN 1004 MARILYN ST FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORDON, CAROLYN 515 GRAND VISTA TRAIL LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUCK, MARSHALL 25012 CRANES ROOST CIR. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNELLY, SUE 5320 TWIN RIVERS PALMS FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS SILHA, VALERY 51 ROSE DR. FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000211647
02/02/05-80128-006 61.25

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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: Marshall W. Auck MARSHALL W. AUCK DATE: 1/11/05 (352) 365-0342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR