

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 709624

1. Entity Name
GLORIA DEI LUTHERAN CHURCH OF LEESBURG,
FLORIDA, INC.



FILED

2007 OCT 18 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
130 S LONE OAK DRIVE
LEESBURG, FL 34748 US

Mailing Address
130 S LONE OAK DRIVE
LEESBURG, FL 34748 US

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

3. Mailing Address



10102007 REIN-NP

CR2E099 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
23-7375297

Applied For
Not Applicable

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

CHURCH, THOMAS S
1457 W PINEHILL DR
BEVERLY HILLS, FL 34405

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

Thomas S. Church

Pastor

10/15/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

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
CHURCH, THOMAS S
1457 W PINEHILL DR
BEVERLY HILLS, FL 34465 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300110970753
10/18/07--01045--018 **236.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KIRKPATRICK, CLARENCE
25332 CRESTWATER DR
LEESBURG, FL 34748 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
AUCK, MARSHALL
25012 CRANES ROOST CIR.
LEESBURG, FL 34748 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CONNELLY, SUE
5320 TWIN PALMS DR
FRUITLAND PARK, FL 34731 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FS
SILHA, VALERY
51 ROSE DR.
FRUITLAND PARK, FL 34731 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Marshall W. Auck MARSHALL W. AUCK

OCT 11 2007

(352) 365-0342

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #