


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

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90188 017 ****61.25

DOCUMENT # 711339	
1. Entity Name GUARDIAN LUTHERAN CHURCH AND SCHOOL OF MANDARIN, FLORIDA, INC.	

Principal Place of Business 4825 LOSCO ROAD JACKSONVILLE FL 32257-1503	Mailing Address 4825 LOSCO ROAD JACKSONVILLE FL 32257-1503
---	---

2. Principal Place of Business 4911 LOSCO ROAD Suite, Apt. #, etc.	3. Mailing Address 4911 LOSCO ROAD Suite, Apt. #, etc.
---	---

City & State JACKSONVILLE, FL 32257-1503	City & State JACKSONVILLE, FL 32257-1503
Zip 32257-1503	Country USA

4. FEI Number 59-1153478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent MEYER, KEN 8458 ALLWINE COURT JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent	
Name GARY VONDRASEK	
Street Address (P.O. Box Number is Not Acceptable) 12142 BLACKFOOT COURT	
City JACKSONVILLE	FL Zip Code 32223

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 <u>GARY VONDRASEK, PRESIDENT</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>APRIL 18, 2004</u> <small>DATE</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD	NAME MEYER, KEN <input type="checkbox"/> Delete	TITLE PD	NAME VONDRASEK, GARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8458 ALLWINE COURT		STREET ADDRESS 12142 BLACKFOOT COURT	
CITY-ST-ZIP JACKSONVILLE FL 32244		CITY-ST-ZIP JACKSONVILLE, FL 32223	
TITLE TD	NAME SMITH, NORMA P <input type="checkbox"/> Delete	TITLE	NAME JOHN P. BRIEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7925 OLD KINGS RD SO		STREET ADDRESS 4663 SUNBEAM STATION CT.	
CITY-ST-ZIP JACKSONVILLE FL 32217		CITY-ST-ZIP JACKSONVILLE, FL 32257	
TITLE VD	NAME VONDRASEK, GARY <input type="checkbox"/> Delete	TITLE	NAME JOHN P. BRIEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12142 BLACKFOOT COURT		STREET ADDRESS 4663 SUNBEAM STATION CT.	
CITY-ST-ZIP JACKSONVILLE FL 32223		CITY-ST-ZIP JACKSONVILLE, FL 32257	
TITLE SD	NAME LEMING, DEBBIE <input type="checkbox"/> Delete	TITLE	NAME JOHN P. BRIEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2947 OAKSIDE ROAD, N.		STREET ADDRESS 4663 SUNBEAM STATION CT.	
CITY-ST-ZIP JACKSONVILLE FL 32257		CITY-ST-ZIP JACKSONVILLE, FL 32257	
TITLE D	NAME KEATING, JEANINE <input type="checkbox"/> Delete	TITLE	NAME JOHN P. BRIEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5453 DOWNINGTON DRIVE		STREET ADDRESS 4663 SUNBEAM STATION CT.	
CITY-ST-ZIP JACKSONVILLE FL 32257		CITY-ST-ZIP JACKSONVILLE, FL 32257	
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>NORMA P. SMITH</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	APRIL 19, 2004	904 731-3012 <small>Daytime Phone #</small>
--	-----------------------	---