## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 11, 2005 8:00 am Secretary of State

02-11-2005 90053 024 \*\*\*\*61.25

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1. Entity Name

Principal Place of Business

ST. LUKE'S EVANGELICAL LUTHERAN CHURCH, INC., OF SLAVIA, FLORIDA



Mailing Address

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132C 2021 W STATE ROAD 426 2021 W. STATE ROAD 426 OVIEDO, FL 32765 US 0VIEDO, FL 32765 US						50014334								
2. Principal Place of Business 3. Mail			Mailing Address											
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				01262005 Chg-NP CR2E037 (10/03)							
City & State	City & State City & State						4. FEI Numl 59-11		6			<u> </u>	oplied For ot Applicable	
Zip .		Country	Zip	Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required						
٠	6. Name	and Address of Curren	t Registered	I Agent		-		7. Name an	d Addr	ess of N	ew Reg	istered	Agent	
MACK, JAY 2293 FOLIAGE OAK TERRACE					Name Street Address (P.O. Box Number is Not Acceptable)									
OVIEDO, FL 32766				City										
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.									and accept					
SIGNATURE .									 '					
	Signature, typed	or printed name of registered ager	nt and title il appli	cable. (NOTE:	Registered	Agent signati	ure required	when reinstating)			_	DATE		
Filing Fee is \$61.25  Due by May 1, 2005  9. Election Campaign Financian Trust Fund Contribution				_		\$5.00 May Be Added to Fees Make check payable to Florida Department of State								
		<u> </u>										-		
10.	<u> </u>	OFFICERS AND D	DIRECTORS		11.			DDITIONS/C		ES TO OF	FICERS			V 10
TIFLE	PD		DIRECTORS	☐ Delete	TITLE					S TO OF	FICERS			N 10
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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 frustee 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.

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JIG	MAIL	nL.

Macle SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #