

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714921

FILED  
Jul 18, 2005  
Secretary of State

Entity Name: ST. THOMAS LUTHERAN CHURCH, INC.

**Current Principal Place of Business:**

17700 OLD CUTLER ROAD  
17700 OLD CUTLER ROAD  
MIAMI, FL 33157 US

**New Principal Place of Business:**

**Current Mailing Address:**

17700 OLD CUTLER ROAD  
17700 OLD CUTLER ROAD  
MIAMI, FL 33157 US

**New Mailing Address:**

FEI Number: 59-1086282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COY, DANIEL  
17700 OLD CUTLER ROAD  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDD ( ) Delete  
Name: COY, DANIEL  
Address: 17700 OLD CUTLER ROAD  
City-St-Zip: MIAMI, FL

Title: TD ( ) Delete  
Name: CARIO, ANNE  
Address: 16211 SW 100 CT.  
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete  
Name: HAHN, JACK  
Address: 12645 SW 114 AVENUE  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL COY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

REV.

07/18/2005

\_\_\_\_\_  
Date