

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90013 024 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 729541

1. Entity Name  
PEACE EVANGELICAL LUTHERAN CHURCH OF FORT  
LAUDERDALE, FLORIDA, INC., THE LUTHERAN CHURCH  
- MISSO



Principal Place of Business  
1901 E. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33308

Mailing Address  
1901 E. COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33308

44022677



03092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1235846

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LINN, ALTON  
1500 E. ATLANTIC BLVD  
POMPAÑO BEACH, FL 33060

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V PD Vice President  
NAME CHAPERON, JOHN  
STREET ADDRESS 2825 NE 35 CT  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE T D Treasurer  
NAME DEAN, MARILYN  
STREET ADDRESS 5500 NE 26TH AVENUE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE PD President  
NAME LINN, ALTON  
STREET ADDRESS 1500 E ATLANTIC BLVD D  
CITY-ST-ZIP POMPAÑO BEACH, FL 33060

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

Alton Linn  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04  
Date

954-772-8010  
Daytime Phone #