

FILED

Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 732568

1. Entity Name

ST. PAUL'S EVANGELICAL LUTHERAN CHURCH, INC.



Principal Place of Business

6150 N. LECANTO HIGHWAY
BEVERLY HILLS FL 34465
US

Mailing Address

6150 N. LECANTO HIGHWAY
BEVERLY HILLS FL 34465
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1552671

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E037 (10/04)

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, PETER C
6 BEVERLY HILL BLVD
BEVERLY HILLS FL 34465

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when forming)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

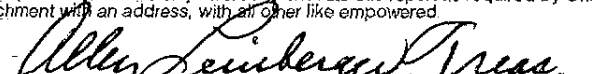
Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NOMMENSEN, DENNIS 1807 N MUSIAL CT HERNANDO FL 34442	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S POOLE, KENNETH 39 S TYLER ST BEVERLY HILLS FL 34465	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSTON, ROBERT 9242 N. COMMODORE DR CITRUS SPRINGS FL 34434	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMBEL, MARTIN C 3670 W. COGWOOD CIRCLE BEVERLY HILLS FL 34465-2986	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	LEINBERGER, ALLEN 2649 W. MESA VERDE DR. BEVERLY HILLS FL 34465	☐ 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 exemption stated in Section 119.07(3)(f), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05

352-527-3551

Date

Daytime Phone