

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90705 026 ****61.25

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| DOCUMENT # 737531 1. Entity Name ST. PAUL'S EVANGELICAL LUTHERAN CHURCH OF ORLANDO, FLORIDA, INC. | | | | | |
| Principal Place of Business 300 E. CHURCH STREET ORLANDO, FL 32801 | | | Mailing Address 300 E. CHURCH STREET ORLANDO, FL 32801 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01092004 Chg-NP CR2E037 (10/03) | |
| Zip | | Country | | 4. FEI Number 59-0751929 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SHANER, BARBARA E. 1620 NEWCHAPEL DRIVE ORLANDO, FL 32837 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing 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 NAME STREET ADDRESS CITY-ST-ZIP | PD STILL, WILFRED 3323 STONEWOOD COURT ORLANDO, FL 32806 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MAYHERCY, JEFF 8639 WILLOW KANE COURT ORLANDO, FL 32835 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TD NGUYEN, ANDREA 405 BLUE JACKET LANE ORLANDO, FL 32825 | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | VPD DOELFEL, HARDY 252 SILK BAY PLACE LONGWOOD, FL 32750 | | <input checked="" type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | SD ROLLIS, WILLIAM 150 WESTMOOR BLVD. ORLANDO, FL 32835 | | <input checked="" type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 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>Andrea R. Nguyen</u> ANDREA R. NGUYEN 4/28/04 407-432-5846 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |