



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90203 044 ****61.25

DOCUMENT # 747980 1. Entity Name ST. MARK EVANGELICAL LUTHERAN CHURCH OF LEESBURG, FLORIDA, INC.					
Principal Place of Business 28215 S US HWY 27 LEESBURG, FL 34748 US			Mailing Address 28215 S. HWY 27 LEESBURG, FL 34748 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02252008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2276551	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KUSKE, NORMAN C REV 28215 S. HWY 27 LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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	D ZILLDAN, GERALD R 4817 GLEN COE ST. LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gerald R. Zoldan 4817 Glen Coe St. Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRUTHERS, BOB 4913 ST ANDREWS ARC LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Don Meier 25712 Oak Alley Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JIM 22206 DROWBRIDGE DR. LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John Wemphier 5721 King James Dr. Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAENLE, RONALD R 33234 PENNBROOKE PKWY LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Gerald R. Zoldan</u> Gerald R. Zoldan				2-29-08 352-323-1788	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	