

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

**FILED  
Feb 20, 2004  
Secretary of State**

DOCUMENT# 753483

Entity Name: SAINT PAUL LUTHERAN CHURCH, INC.

**Current Principal Place of Business:**

1407 E. JOHN SIMS PARKWAY  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

1407 JOHN SIMS PARKWAY  
NICEVILLE, FL 32578 US

**New Mailing Address:**

FEI Number: 59-1962181      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

UNDERDAHL, JOHN L  
1007 DARLINGTON OAK DRIVE  
NICEVILLE, FL

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

UNDERDAHL, JOHN L  
1007 DARLINGTON OAK DRIVE  
NICEVILLE, FL 32578 US

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: \_\_\_\_\_ Date: 02/20/2004  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, ROGER  
Address: 628 BROOKHAVEN WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: VD ( ) Delete  
Name: CLAYPOOL, STANLEY  
Address: 723 CARIBBEAN WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: SD ( ) Delete  
Name: KUEHLTHAU, JOHN  
Address: 527 22ND STREET  
City-St-Zip: NICEVILLE, FL 32578

Title: T (X) Delete  
Name: PATTEN, BRENDA  
Address: 731 SAINT THOMAS COVE  
City-St-Zip: NICEVILLE, FL 32578

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

Title: PD (X) Change ( ) Addition  
Name: BOSWELL, EVERETT  
Address: 112 CANTERBURY CIRCLE  
City-St-Zip: NICEVILLE, FL 32578

Title: VD (X) Change ( ) Addition  
Name: HAINS, AUDREY  
Address: 309 JAMAICA WAY  
City-St-Zip: NICEVILLE, FL 32578

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: EVERETT BOSWELL      PRES      Date: 02/20/2004  
Electronic Signature of Signing Officer or Director