

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90077 038 ****61.25

DOCUMENT # 756226 1. Entity Name ALL SAINTS LUTHERAN CHURCH, INC.					
Principal Place of Business 1010 OAK STREET PORT ORANGE, FL 32119-1261 US			Mailing Address 751 DUNLAWTON AVE., PT ORANGE, FL 32127 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEINRICH, CHRISTOPHER 1098 WILD HOLLY DRIVE PORT ORANGE, FL 32129			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEINRICH, CHRISTOPHER		NAME		
STREET ADDRESS	1098 WILD HOLLY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARZ, GRTCHEN		NAME	Elizabeth LaFond	
STREET ADDRESS	937 E, MEADOW VIEW DR.		STREET ADDRESS	745 Sandy Hill Cir	
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP	Port Orange, FL 32127	
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WORM, JIM		NAME	Raeann Purcell	
STREET ADDRESS	6123 JASMINE VINE DR.		STREET ADDRESS	4002 S. Atlantic Ave. #2	
CITY-ST-ZIP	PORT ORANGE, FL 32128		CITY-ST-ZIP	Daytona Beach, FL 32127	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, JOYCE		NAME		
STREET ADDRESS	530 SANDY PALM		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32127		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Christopher Weinrich 3/16/05 761-9129 <small>Date Daytime Phone #</small>		