

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90108 039 \*\*\*\*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  
751 Dunlawton Ave.

3. Mailing Address  
P.O. Box 290067

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Port Orange, FL

City & State  
Port Orange, FL

4. FEI Number  
59-2225056

Applied For  
Not Applicable

Zip  
32127-9224

Country  
US

Zip  
32129-0067

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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  
Elizabeth LaFond

Street Address (P.O. Box Number is Not Acceptable)  
745 Sandy Hill Circle

City  
Port Orange,

FL

Zip Code  
32127

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

*Elizabeth LaFond*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/06

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEINRICH, CHRISTOPHER 1098 WILD HOLLY DRIVE PORT ORANGE FL 32129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAFOND, ELIZABETH 745 SANDY HILL CT PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PURCELL, RAEANN 4002 S. ATLANTIC AVE #2 PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MURPHY, JOYCE 530 SANDY PALM PORT ORANGE FL 32127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Elizabeth LaFond 745 Sandy Hill Circle Port Orange, FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V George Blalock 58 Ravenwood Drive Port Orange, FL 32129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Sharon Brooks 290 Country Circle Dr. E Port Orange, FL 32128	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Harry Cerny 1410 Florida Moss Lane Port Orange, FL 32128	<input type="checkbox"/> Change <input checked="" 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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Elizabeth LaFond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/06