

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90368 023 \*\*\*\*61.25

**DOCUMENT # 756226**

1. Entity Name  
ALL SAINTS LUTHERAN CHURCH, INC.



Principal Place of Business  
751 DUNLAWTON AVE  
PORT ORANGE, FL 32127-9224 US

Mailing Address  
PO BOX 290067  
PORT ORANGE, FL 32129-0067 US

40054107



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2225056

Applied For  
Not Applicable

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

LAFOND, ELIZABETH  
745 SANDY HILL CIR  
PORT ORANGE, FL 32127

Name  
George Blalock  
Street Address (P.O. Box Number is Not Acceptable)

58 Ravenwood Drive

City Port Orange FL Zip Code 32129

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 George Blalock

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/07

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 P ☒ Delete  
NAME LAFOND, ELIZABETH  
STREET ADDRESS 745 SANDY HILL CIR  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE V ☒ Delete  
NAME BLALOCK, GEORGE  
STREET ADDRESS 58 RAVENWOOD DR  
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE S ☐ Delete  
NAME BROOKS, SHARON  
STREET ADDRESS 290 COUNTRY CIR DR EAST  
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE T ☐ Delete  
NAME CERNY, HARRY  
STREET ADDRESS 1410 FLORIDA MOSS LN  
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition  
NAME George Blalock  
STREET ADDRESS 58 Ravenwood Drive  
CITY-ST-ZIP Port Orange, FL 32129

TITLE V ☐ Change ☒ Addition  
NAME Albert Weaver  
STREET ADDRESS 4575 Phappys Drive  
CITY-ST-ZIP Port Orange, FL 32129

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: George Blalock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07

Date

386-254-4070

Daytime Phone #