

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90061 034 \*\*\*\*61.25

**DOCUMENT # 766745**

1. Entity Name

**SALEM LUTHERAN CHURCH, INC.**



Principal Place of Business

**7900 APOPKA-VINELAND RD.  
ORLANDO FL 32819**

Mailing Address

**7900 APOPKA-VINELAND RD.  
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2257041**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KJOSA, ROGER  
5119 CREUSOT CT  
ORLANDO FL 32839**

7. Name and Address of New Registered Agent

Name **Steven Hawn**  
Street Address (P.O. Box Number is Not Acceptable)  
**10139 Facet Court**  
City **Orlando** FL Zip Code **32836**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KJOSA, ROGER	
STREET ADDRESS	5119 CREUSOT CT	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HAWN, STEVE	
STREET ADDRESS	10139 FACET CT	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	TT	<input checked="" type="checkbox"/> Delete
NAME	RYAN, BARBARA	
STREET ADDRESS	8716 CRESTGATE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MAGNUSON, LINDA	
STREET ADDRESS	8416 INDIAN WELLS CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HECKMANN, JANET	
STREET ADDRESS	548 TEACUP SPRINGS CT.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hawn, Steven	
STREET ADDRESS	10139 Facet Court	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schubert, Eric	
STREET ADDRESS	3135 Turret Dr.	
CITY-ST-ZIP	Kissimmee, FL 34743	
TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rundle, William	
STREET ADDRESS	6408 Hill-O-Sands Ct	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/05

Date

407-876-4000

Daytime Phone #