

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

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90404 003 \*\*\*\*61.25



**DOCUMENT # 770192**

1. Entity Name

**LORD OF THE SEAS LUTHERAN CHURCH, INCORPORATED**

Principal Place of Business

1250 KEY DEER BLVD  
 BIG PINE KEY FL 33043  
 US

Mailing Address

P.O. BOX 865  
 P. O. BOX 865  
 BIG PINE KEY FL 33043  
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-2323028

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RINEER, SUSAN  
 13 DIAMOND DR  
 KEY WEST FL 33040

Name *Rivet, Holly*  
 Street Address (P.O. Box Number is Not Acceptable)  
*17188 Flying Fish Lane*  
 City *Summerland Key* FL Zip Code *33042*

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

*Holly Rivet*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-13-06*

**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	TD	<input checked="" type="checkbox"/> Delete
NAME	RINEER, SUSAN	
STREET ADDRESS	13 DIAMOND DR	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIVET, HOLLY	
STREET ADDRESS	17188 FLYING FISH LANE	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PINNOW, MARTHA	
STREET ADDRESS	1658 LANTANA LANE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LOUDENSLAGER, ROBERTA	
STREET ADDRESS	105 5TH AVE	
CITY-ST-ZIP	CUDJOE KEY FL 33046	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEINTZEMAN, WARREN JR.	
STREET ADDRESS	29467 ENTERPRISE AVE.	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRUNDEN, JOHN	
STREET ADDRESS	227 LAFFITE RD	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rivet, Holly	
STREET ADDRESS	17188 Flying Fish Lane	
CITY-ST-ZIP	Summerland Key, FL 33042	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Powell, Sally	
STREET ADDRESS	701 Spanish Main Dr. #428	
CITY-ST-ZIP	Cudjoe Key, FL 33042	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>Martha</del> Funk, Marie	
STREET ADDRESS	22 Bay Dr.	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pinnow, Martha	
STREET ADDRESS	1658 Lantana Lane	
CITY-ST-ZIP	Big Pine Key, FL	
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 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:

*Martha O. Pinnow PD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02/21/06 305-395-0837*

DATE

PHONE NUMBER