

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770344** (0)

1. Corporation Name

SAINT MICHAEL EVANGELICAL LUTHERAN CHURCH OF WELLINGTON, FLORIDA, INC.



Principal Place of Business

Mailing Address

**1925 BIRKDALE DRIVE
WEST PALM BEACH FL 33414**

**1925 BIRKDALE DRIVE
WEST PALM BEACH FL 33414**

3. Date Incorporated or Qualified
09/22/1983

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 **1925 Birkdale Dr**

26 **1925 Birkdale Dr**

4. FEI Number

59-2387200

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23 City & State

28 City & State

Wellington

Wellington FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24 Zip

Country

29 Zip

Country

33414

Palm Beach

33414

Palm Beach

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOOVER, GEORGE
1935 BIRKDALE DRIVE
WELLINGTON FL 33414**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **ULLMAN, KEITH**
STREET ADDRESS **2742 YARMOUTH DRIVE**
CITY-ST-ZIP **WELLINGTON FL**

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **Richard Hinder**
1.3 STREET ADDRESS **3557 Cypresswood Ct**
1.4 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **VD** ☐ DELETE
NAME **TAGG, DONNA**
STREET ADDRESS **8838 WENDY LANE SOUTH**
CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **Tagg Donna**
2.3 STREET ADDRESS **(same)**
2.4 CITY-ST-ZIP

TITLE **ST** ☒ DELETE
NAME **KLAMMER, KEN**
STREET ADDRESS **14160 GREENTREE DRIVE**
CITY-ST-ZIP **WELLINGTON FL**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **DAVID MAHONEY**
3.3 STREET ADDRESS **13453 Doubletree Trail**
3.4 CITY-ST-ZIP **Wellington FL 33414**

TITLE **TD** ☐ DELETE
NAME **TEDAMONSON, JACKIE**
STREET ADDRESS **14564 ROLLING ROCK**
CITY-ST-ZIP **WELLINGTON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **100001736961**
4.3 STREET ADDRESS **-03/08/96--01032--025**
4.4 CITY-ST-ZIP *****61.25**

TITLE **FSD** ☒ DELETE
NAME **WOLFE, JAN**
STREET ADDRESS **9017 BRIARWOOD DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

5.1 TITLE **FSD** ☐ Change ☒ Addition
5.2 NAME **George Huckaby**
5.3 STREET ADDRESS **1073 Island Manor Drive**
5.4 CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **D** ☒ DELETE
NAME **KOHNKEN, RICHARD**
STREET ADDRESS **12591 SHORESIDE LANE**
CITY-ST-ZIP **WELLINGTON FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **Drew Duda**
6.3 STREET ADDRESS **16280 Secretariat Lane**
6.4 CITY-ST-ZIP **Woxahatchee FL 33470**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jacklyn Tedamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACKLYN TEDAMONSON

2/29/96

407-964-7820

Date

Daytime Phone #

CR2E037 (12/95)