

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90084 017 ****61.25

DOCUMENT # 770344

1. Entity Name
**SAINT MICHAEL EVANGELICAL LUTHERAN CHURCH OF
WELLINGTON, FLORIDA, INC.**



Principal Place of Business
**1925 BIRKDALE DRIVE
WELLINGTON, FL 33414 US**

Mailing Address
**1925 BIRKDALE DRIVE
WELLINGTON, FL 33414 US**

94029334



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2387200

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

**HOOVER, GEORGE
984 LAKE BREEZE DR
WELLINGTON, FL 33414**

Name
Marsha L. Burt

Street Address (P.O. Box Number is Not Acceptable)
1925 Birkdale Drive

City
Wellington

FL Zip Code
33414

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 *Marsha L. Burt*

2/25/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PD
Woolcock, Nancy ☐ Delete
STREET ADDRESS 12109 SUNSET POINT DR
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE NAME VD ☐ Change ☒ Addition
STREET ADDRESS Robert Helton
CITY-ST-ZIP 15517 73rd St. N Loxahatchee, FL 33470

TITLE NAME SD ☐ Delete
STREET ADDRESS HAINES, WILLIAM
CITY-ST-ZIP 1304 PINETTA CIRCLE
WELLINGTON, FL 33414

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

TITLE NAME TD ☒ Delete
STREET ADDRESS MORETTI, JUDY
CITY-ST-ZIP 3545 LITTLE PINE LANE
LAKE WORTH, FL 33467

TITLE NAME TD ☐ Change ☒ Addition
STREET ADDRESS Alan Tedamson
CITY-ST-ZIP 13981 Sheffield Court
Wellington, FL 33414

TITLE NAME VD ☒ Delete
STREET ADDRESS WEISS, DAVE
CITY-ST-ZIP 17537 ORANGE GROVE BLVD
LOXAHATCHEE, FL 33470

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

TITLE NAME D ☐ Delete
STREET ADDRESS KISS, STEVE
CITY-ST-ZIP 1561 CLYDESDALE AVE
WELLINGTON, FL 33414

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

3-5-04 561.964-7820