

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90032 049 \*\*\*\*70.00

**DOCUMENT # F96000002726**

1. Entity Name

LUTHERANS IN JEWISH EVANGELISM, INC.



Principal Place of Business

7207 MONETARY DR.  
ORLANDO FL 32809

Mailing Address

7207 MONETARY DR.  
ORLANDO FL 32809

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

93-0810456

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~HECKVANDT, MICHAEL D REV.  
7207 MONETARY DR.  
ORLANDO FL 32809~~

7. Name and Address of New Registered Agent

Name

REV. BRUCE J. LIESKE

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

7207 MONETARY DR

City

ORLANDO

FL

Zip Code

32809

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

FEBRUARY 19, 2004

**FILE NOW: 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

TITLE SD ☐ Delete  
NAME TEMPLE, MARY LOU  
STREET ADDRESS 30695 OAK LEAF LANE  
CITY-ST-ZIP FRANKLIN MI 48025

TITLE CD ☒ Delete  
NAME KOLB, ERWIN  
STREET ADDRESS 12429 MATTHEWS LN  
CITY-ST-ZIP SAINT LOUIS MO 63127

TITLE V/D ☒ Delete  
NAME DWORKIN, GENE  
STREET ADDRESS 2409-7 BRIDLE PATH LN  
CITY-ST-ZIP ORLANDO FL 32812

TITLE D ☐ Delete  
NAME REED, ROBERT  
STREET ADDRESS 5219 LOWELL ROAD  
CITY-ST-ZIP TAMPA FL 33624

TITLE MD ☒ Delete  
NAME HECKVANDT, D. MICHAEL REV.  
STREET ADDRESS 7207 MONETARY DRIVE  
CITY-ST-ZIP ORLANDO FL 32809

TITLE TD ☐ Delete  
NAME HALL, SUZANNE  
STREET ADDRESS 11095 BUSCH RD  
CITY-ST-ZIP BIRCH RUN MI 48415

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD EINEM, ED ☐ Change ☒ Addition  
NAME 37625 BRISTOL AVE.  
STREET ADDRESS LIVONIA, MI 48154  
CITY-ST-ZIP

TITLE D LINEBERGER ☐ Change ☒ Addition  
NAME PO BOX 99  
STREET ADDRESS OKLAHOMA, FL 32183  
CITY-ST-ZIP

TITLE D PARVIZ, KEVIN ☐ Change ☒ Addition  
NAME 6603 WISE AVE.  
STREET ADDRESS ST. LOUIS, MO 63139  
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 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:

Rev. Bruce J. Lieske

REV. BRUCE J. LIESKE FEB 19, 2004

407-857-5556 x220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #