

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2006 08:00 AM  
Secretary of State**

**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**



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**93-0810456**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**LIESKE, BRUCE J REV.  
7207 MONETARY DR.  
ORLANDO, FL 32809**

**DO NOT WRITE  
IN THIS SPACE**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**APRIL 24, 2006**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
LINEBERGER  
PO BOX 99  
OCKLAWAHA, FL 32183**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PARVIZ, KEVIN  
6603 WISE AVE  
SAINT LOUIS, MO 63139**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000537171  
05/09/06-80007-012 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*Rev. Bruce J. Lieske* **REV. BRUCE J. LIESKE APRIL 24, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**467-857-5556**

**X220**