

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90021 041 ****70.00

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 LINEBERGER
STREET ADDRESS PO BOX 99
CITY-ST-ZIP OCKLAWAHA FL 32183

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

TITLE MD ☐ Delete
NAME LIESKE, BRUCE
STREET ADDRESS 1826 SENECA BLVD.
CITY-ST-ZIP WINTER SPRINGS FL 32708

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME WROBEL, DAVID
STREET ADDRESS 110 SHADEY VALLEY DR.
CITY-ST-ZIP CHESTERFIELD, MO 63017

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

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 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:

Bruce J. Lieske

BRUCE J. LIESKE

12 FEBRUARY 2008

407-857-5556

X220