

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00149

FILED
Jan 06, 2004
Secretary of State**Entity Name:** ST. MARK'S LUTHERAN CHURCH OF HOLLYWOOD, FLORIDA, INC.**Current Principal Place of Business:**C/O KRISTY FRIEDMAN
502 N. 28TH AVE.
HOLLYWOOD, FL 33020 US**New Principal Place of Business:****Current Mailing Address:**C/O KRISTY FRIEDMAN
502 N. 28TH AVE.
HOLLYWOOD, FL 33020 US**New Mailing Address:****FEI Number:** 59-0879962 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VEHLING JAMES J. (REV.)
502 N. 28TH AVE.
HOLLYWOOD, FL 33020 US**Name and Address of New Registered Agent:**FRIEDMAN, KRISTY C MS.
502 N. 28TH AVE.
HOLLYWOOD, FL 33020 US

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.

SIGNATURE: MS. KRISTY C. FRIEDMAN

01/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: LARSEN, KURT
Address: 5810 SW 36 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312**Title:** VPD () Delete
Name: HUGHES, NANCY
Address: 6540 SCOTT ST
City-St-Zip: HOLLYWOOD, FL 33024**Title:** T () Delete
Name: AGRIESTI, MARCIA
Address: 2242 WILSON ST
City-St-Zip: HOLLYWOOD, FL 33020**Title:** VPD () Delete
Name: PARN, KAREN
Address: 772 NE 72ND TERR
City-St-Zip: MIAMI, FL**Title:** S () Delete
Name: JONES, CAROL
Address: 249 NW 106 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL JONES

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01/06/2004

Electronic Signature of Signing Officer or Director

Date