2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2005 8:00 am Secretary of State 03-24-2005 90044 019 ****70.00

1. Entity Nam	e	# N01000060 ELICA LUTERANA C										
Principal Place 2509 DOWM APOPKA, FL	AN DRIVE	S	Mailing Address P.O. BOX 1045 PLYMOUTH, FL 32768	O. BOX 1045				TO(O) ((O)) CO(() DO(: 11 [1] 1] 11 11 11 11 11 11 11			382
2. Principal Place of Business 3. Ma			Mailing Address									
· ·			Suite, Apt. #, etc.			03082005	Chg-NP	CR	2E037 (1	0/03)		
			-	City & State			4. FEI Numbe 59-3602					plied For t Applicable
Zip Country		Zip	Zip Cou		5. Certificate of Status Desired \$8.75 Additional Fee Required							
	6. Name	and Address of Current Re	egistered Agent		Name		7. Name and	Address of Ne	w Registe	red Agent	<u> </u>	
FALCON, GILBERTO 2509 DOWMAN DRIVE							P.O. Box Numbe	r is Not Accep	table)			
APOPKA,	FL 32/12	!									•	
					City					FL z	lip Code	
	named entit ions of regis	y submits this statement for t tered agent.	he purpose of changing its r	egister	ed office or r	registere	ed agent, or bot	n, in the State o	of Florida.	ł am familia	ar with, a	and accept
SIGNATURE .												
	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE:	Registere	d Agent signature	re required	when reinstating)		D	ATE		
	_	ne is \$61.25 May 1, 2005	9. Election Cam Trust Fund Co		~ -		\$5.00 May Bo Added to Fees	9	Make o Florida D	heck pay		
10.	Due by N		Trust Fund Co	ontribut 11.	ion. [^	\$5.00 May Be Added to Fees		Florida D	epartmen	ORS IN	ate 10
10. TITLE NAME	Due by N	Aay 1, 2005 OFFICERS AND DIRE	Trust Fund Co	11.	ion. [DP	Added to Fees	ANGES TO OFF	Florida D	epartmen	t of St	ate
TITLE	DP SOTO, M 8343 GOI	Aay 1, 2005 OFFICERS AND DIRE	Trust Fund Co	11. TITU NAM STRE	ion. [DP RIV 484	Added to Fees	INDA ESS WC	Florida D	epartmen	ORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP SOTO, M 8343 GOI ORLAND	Aria ARIA LDEN CHICASAW CIRCL O, FL 32825	Trust Fund Co	11. ITTL NAM STREE CITY	E E E E ADORESS -SI-ZIP E	DP RIV 484 ORI	Added to Fees ADDITIONS/CHA VERA, L 49 CYPR LANDO	INDA ESS WC FL 32	FICERS AN PICERS AN PODS 2811	DR.	ORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOTO, M. 8343 GOI ORLAND DV RIVERA, 4849 CYF	Aria ARIA LDEN CHICASAW CIRCL O, FL 32825	Trust Fund Co	11. IIIL NAN STRE CITY TITL NAN STRE	E E E E ADORESS -SI-ZIP E	DP RIV 484 ORI	Added to Fees ADDITIONS/CHA VERA, L 49 CYPR LANDO	INDA ESS WC FL 32	FICERS AN PICERS AN PODS 2811	DR.	ORS IN Change (1 2 0 Change	ate 10 Addition
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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.

GLABERTO FALCON

BUILDING TO FALCON

GNATURE:

03/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR