

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

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90021 021 ****61.25

DOCUMENT # N02670

1. Entity Name

ST. PAUL'S LUTHERAN CHURCH, INCORPORATED



Principal Place of Business

407 S. SATURN AT GULF TO BAY BLVD.
CLEARWATER FL 33755
US

Mailing Address

407 S. SATURN AT GULF TO BAY BLVD.
CLEARWATER FL 33755
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-0904795

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

HORNE, WILLIAM
2413 ANTHONY AVE
CLEARWATER FL 33759

Name

JANE

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

William B. Horne II

3-31-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME HORNE, WILLIAM
STREET ADDRESS 2413 ANTHONY AVE
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☒ Delete
NAME GINGERICH, DAVID
STREET ADDRESS 18708 EMORY DR
CITY-ST-ZIP CLEARWATER FL 33765

TITLE ☐ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **JOHN H. HANKE**
CITY-ST-ZIP **1649 WOODBRIDGE DRIVE**
CLEARWATER, FL. 33756

TITLE DT ☒ Delete
NAME O'REGAN, ADEL-MARIE
STREET ADDRESS 1701 PINEHURST #24C
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Change ☒ Addition
NAME **DVP**
STREET ADDRESS **LOREN IMESON**
CITY-ST-ZIP **2825 LONGVIEW DRIVE**
CLEARWATER, FL. 33761

TITLE DS ☐ Delete
NAME TUSSET, JOHN
STREET ADDRESS 2625 STATE ROAD 590
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

William B. Horne II

WILLIAM HORNE

(727) 562-4046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #