

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90314 044 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |                                                                                     |                                                                                                                                                      |                                                                                                                   |                                                                              |
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| <b>DOCUMENT # N05000007768</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                                                     |                                                                                                                                                      |                                                                                                                   |                                                                              |
| <b>1. Entity Name</b><br>SOUTH LAKE EVANGELICAL LUTHERAN CHURCH OF CLERMONT, FLORIDA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                     |                                                                                                                                                      |                                                                                                                   |                                                                              |
| <b>Principal Place of Business</b><br>2535 ROLLINS AVE<br>CLERMONT FL 34711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                                     | <b>Mailing Address</b><br>2535 ROLLINS AVE<br>CLERMONT FL 34711                                                                                      |                                                                                                                   |                                                                              |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                     | <b>3. Mailing Address</b>                                                                                                                            |                                                                                                                   |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                                                                                     | Suite, Apt. #, etc.                                                                                                                                  |                                                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    |                                                                                     | City & State                                                                                                                                         |                                                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | Country                                                                             |                                                                                                                                                      | Zip                                                                                                               |                                                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    | Country                                                                             |                                                                                                                                                      | 4. FEI Number<br><b>42-1543253</b>                                                                                |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                     |                                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                             |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br><br>EDWARDS, MARK<br>2535 ROLLINS AVE<br>CLERMONT FL 34711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                     | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>State <b>FL</b> 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 _____ DATE _____<br><small>Signature typed or printed name of registered agent on top of signature. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                                                                                     |                                                                                                                                                      |                                                                                                                   |                                                                              |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | 9. Election on Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                      | <b>\$5.00 May Be Added to Fees</b>                                                                                |                                                                              |
| Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    |                                                                                     |                                                                                                                                                      |                                                                                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                         |                                                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <i>President</i><br>EDWARDS, MARK<br>445 WATERWOOD COURT<br>CLERMONT FL 34711                    | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                    | <del>Pastor, Registered Agent</del><br>Pastor <i>Greg L. Sahlstrom</i><br>2535 Rollins Ave.<br>Clermont, FL 34711 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <i>Financial Secretary</i><br>SULLIVAN, GEORGE<br>11427 STERLING VIEW COURT<br>CLERMONT FL 34711 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                    |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D <i>Elder, Secretary</i><br>FERRIS, RICHARD<br>16404 MEREDREW LANE<br>CLERMONT FL 34711           | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                    |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                    |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                    |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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 my address with all other like information. |                                                                                                    |                                                                                     |                                                                                                                                                      |                                                                                                                   |                                                                              |
| SIGNATURE: <i>Greg L. Sahlstrom</i> (Pastor) <i>Richard D Ferris</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                                                                     |                                                                                                                                                      |                                                                                                                   |                                                                              |