
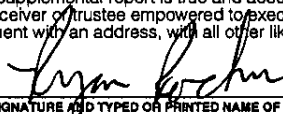


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-05-2004 90046 045 \*\*\*\*61.25

<b>DOCUMENT # N07926</b> 1. Entity Name <b>PEACE VALLEY LUTHERAN CHURCH, INC.</b>					
Principal Place of Business 1643 STENSTROM ROAD WAUCHULA, FL 33873 US			Mailing Address P.O. BOX 667 WAUCHULA, FL 33873 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-6193027</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROEHM, KATHLEEN 249 MAXWELL DR WAUCHULA, FL 33873				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROEHM, RYAN		NAME		
STREET ADDRESS	249 MAXWELL DR		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIELDS, FLOYD E		NAME		
STREET ADDRESS	DISHONG RD.		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROEHM, KATHLEEN		NAME		
STREET ADDRESS	249 MAXWELL DR		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THORNTON, ELLEN		NAME		
STREET ADDRESS	P O BOX 83-59 GEORGETOWN LOOP		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HELLING, MILT E		NAME	Barry Graese	
STREET ADDRESS	5 CORKWOOD		STREET ADDRESS	Poplar St	
CITY-ST-ZIP	LAKE PLACID, FL 33873		CITY-ST-ZIP	Zolfo, Springs FL	
TITLE	FS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAESE, CHARLOTTE		NAME		
STREET ADDRESS	POPLAR ST		STREET ADDRESS		
CITY-ST-ZIP	ZOLFO SPRINGS, FL		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.					
<b>SIGNATURE:</b> 			3-31-04 863-773-5097		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		