

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N13538 (6)**

1. Corporation Name
EELC-ST. PAUL'S CONGREGATION IN SOUTH FLORIDA, INC.



Principal Place of Business: **3900 STATE DR. #7 FT. LAUDERDALE FL 33319**
Mailing Address: **372 PAULUS COURT BOCA RATON FL 33486-3122**

3. Date Incorporated or Qualified: **02/21/1986**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business PEACE LUTHERAN CHURCH	26	2a. Mailing Address 502 NORMANDY K	4.	FEI Number 59-2696146	Applied For			
22	Suite, Apt. #, etc. 1901 E. COMMERCIAL BLVD	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required			
23	City & State FT. LAUDERDALE, FL.	28	City & State DELRAY BEACH, FL	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees			
24	Zip 33308	25	Country BROWARD	29	Zip 33484	30	Country PALM BEACH	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LUNING, ERNA
372 PAULUS CT.
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent

81 Name: **PENSA, ALLAN**
82 Street Address (P.O. Box Number is Not Acceptable): **502 NORMANDY K**
83
84 City: **DELRAY BEACH FL** 85 Zip Code: **33484**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Allan Pensa* **ALLAN PENSA** 4-25-1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNING, ERNA	1.2 NAME	PENSA, ALLAN
STREET ADDRESS	372 PAULUS CT.	1.3 STREET ADDRESS	502 NORMANDY K
CITY-ST-ZIP	BOCA RATON FL 33486-3122	1.4 CITY-ST-ZIP	DELRAY BEACH, FL, 33484
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENSA, ALLAN	2.2 NAME	RIISMA, OSVALD
STREET ADDRESS	101 C MONACO	2.3 STREET ADDRESS	5791 COACH HOUSE CIRCLE, APT. G
CITY-ST-ZIP	DELRAY BEACH FL 33446	2.4 CITY-ST-ZIP	BOCA RATON, FL, 33486
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNING, REIN	3.2 NAME	HINNO, HARALD
STREET ADDRESS	471 ROYAL PALM WAY	3.3 STREET ADDRESS	336 N. BIRCH RD. APT. 7G
CITY-ST-ZIP	BOCA RATON FL 33432	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL, 33304
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINNO, HARALD	4.2 NAME	TOTSAS, LINDA
STREET ADDRESS	336 N. BIRCH RD. APT. #7G	4.3 STREET ADDRESS	6152 N. VERDE TRAIL, APT. B205
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	4.4 CITY-ST-ZIP	BOCA RATON, FL, 33433
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTSAS, LINDA	5.2 NAME	KAEP, HILDA
STREET ADDRESS	7105 N.W. 75TH ST.	5.3 STREET ADDRESS	1340 S. OCEAN BLVD, APT. 2009
CITY-ST-ZIP	TAMARAC FL 33319	5.4 CITY-ST-ZIP	POMPANO BEACH, FL, 33062
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	AT LARGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAEP, HILDA	6.2 NAME	KALLAS, ARNO
STREET ADDRESS	1340 S. OCEAN BLVD. APT. #2009	6.3 STREET ADDRESS	1933 SOUTH CLUB DR.
CITY-ST-ZIP	POMPANO BEACH FL 33062	6.4 CITY-ST-ZIP	WELLINGTON, FL, 33414

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Allan Pensa* **ALLAN PENSA** 4-25-1996 407 637 37 85
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)