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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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, I NC.



Principal Place of Business  
PEACE LUTHERAN CHURCH  
1901 E COMMERCIAL BLVD  
FT. LAUDERDALE FL 33308  
US

Mailing Address  
502 NORMANDY K  
DELRAY BEACH FL 33484-4820  
US

3. Date Incorporated or Qualified 02/21/1986  
3a. Date of Last Report 04/30/1996

2. Principal Place of Business  
21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24 25 BROWARD 29 30 PALM BEACH

2a. Mailing Address  
26 Suite, Apt #, etc.  
27 City & State  
28 Zip Country  
29 30 PALM BEACH

4. FEI Number 59-2696146  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
PENSA, ALLAN  
502 NORMANDY K  
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLAS, ARNO	1.2 NAME	
STREET ADDRESS	1933 S CLUB DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENSA, ALLAN	2.2 NAME	
STREET ADDRESS	502 NORMANDY K	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINNO, HARALD	3.2 NAME	
STREET ADDRESS	336 N BIRCH RD APT 7G	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINNO, HARALD	4.2 NAME	VD RUISSMA OSVALD
STREET ADDRESS	336 N. BIRCH RD. APT. #7G	4.3 STREET ADDRESS	5791 COACH HOUSE CIRCLE, APT. G
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	4.4 CITY-ST-ZIP	BOXA RATON, FL 33486
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTSAS, LINDA	5.2 NAME	
STREET ADDRESS	7105 N.W. 75TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33319	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAEPA, HILDA	6.2 NAME	
STREET ADDRESS	1340 S. OCEAN BLVD. APT. #2009	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	6.4 CITY-ST-ZIP	

14. I do 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 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, 1-12-97, 5616373785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0044881

CR2E037 (9/96)