


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 12 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13538 (6)**  
1. Corporation Name  
**EELC-ST. PAUL'S CONGREGATION IN SOUTH FLORIDA, I NC.**

Principal Place of Business <b>PEACE LUTHERAN CHURCH 1901 E COMMERCIAL BLVD FT. LAUDERDALE FL 33308 US</b>	Mailing Address <b>502 NORMANDY K DELRAY BEACH FL 33484 US</b>
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3. Date Incorporated or Qualified  
**02/21/1986**

4. FEI Number <b>59-2696146</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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

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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALLAS, ARNO</b>	1.2 NAME	<b>TD KALLAS, ARNO</b>
STREET ADDRESS	<b>1933 S CLUB DR</b>	1.3 STREET ADDRESS	<b>1933 S. CLUB DR</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>	1.4 CITY-ST-ZIP	<b>WELLINGTON, FL</b>
TITLE	<b>PD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENSA, ALLAN</b>	2.2 NAME	
STREET ADDRESS	<b>502 NORMANDY K</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINNO, HARALD</b>	3.2 NAME	<b>D HINNO, HARALD</b>
STREET ADDRESS	<b>338 N BIRCH RD APT 7G</b>	3.3 STREET ADDRESS	<b>336 N. BIRCH RD. APT. 7G</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL</b>
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSVALDO, RIISMA</b>	4.2 NAME	
STREET ADDRESS	<b>5791 COACH HOUSE CIRCLE, APT G</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOTSAS, LINDA</b>	5.2 NAME	<b>SD KALLAS, EVI</b>
STREET ADDRESS	<b>7105 N.W. 75TH ST.</b>	5.3 STREET ADDRESS	<b>1933 S. CLUB DR</b>
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>	5.4 CITY-ST-ZIP	<b>WELLINGTON, FL</b>
TITLE	<b>TD</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAIPA, HILDA</b>	6.2 NAME	
STREET ADDRESS	<b>1340 S. OCEAN BLVD. APT. #2009</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33082</b>	6.4 CITY-ST-ZIP	

14. 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 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 2-4-98 561-637 3785**

CF2E037 (10/97)