


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90098 005 ****61.25

0047482

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N13538
 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 US
---	--

77981 - 90098 - 5



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/21/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2696146
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD KALLAS, ARNO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1933 S CLUB DR	1.2 NAME	
STREET ADDRESS	WELLINGTON FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD PENSA, ALLAN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	502 NORMANDY K	2.2 NAME	
STREET ADDRESS	DELRAY BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD HINNO, HARALD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	336 N BIRCH RD APT 7G	3.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD OSVALD, RIISMA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5791 COACH HOUSE CIRCLE, APT G	4.2 NAME	
STREET ADDRESS	BOCA RATON FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD KALLAS, EVI	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1933 S CLUB DR	5.2 NAME	
STREET ADDRESS	WELLINGTON FL 33319	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD KAIPA, HILDA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1340 S. OCEAN BLVD. APT. #2009	6.2 NAME	
STREET ADDRESS	POMPANO BEACH FL 33062	6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: ALLAN PENSA **ALLAN PENSA** 2-9-1999 561 637 3785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)