## **DOCUMENT # N13538**

1. Entity Name

## EELC-ST. PAUL'S CONGREGATION IN SOUTH FLORIDA, I

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

Mailing Address

502 NORMANDY K DELRAY BEACH FL 33484

2. Principal Place	of Business	3. Mailing Address		
Suite, Apt. #, etc	2.	Suite, Apt. #, et		
City & State		City & State	4. FE	
Zip	Country	Zip	Country	

## FILED Jan 29, 2001 8:00 am Secretary of State

01-29-2001 90186 042 \*\*\*\*61.25



2 Principal B	laca of Busin	3000	3 Mailing Address									
2. Principal Place of Business		3. Maining Address	3. Mailing Address			T TOURINGS AND THOU THERE USING THE THIRE HAS DID IT BEEN DEADT BEEN BEEN BEEN BEEN THE FOR THE PARTY AND THE						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State	City & State			4. FEI Number 59-2696146			<u> </u>	oplied For ot Applicable		
Zip		Country	Zip	Zip Country						8.75 Additional		
	6. Name	and Address of Current	t Registered Agent			7. Name and Address of New Registered Agent						
				•	Name							
					Chapt Address (D.O. Boy Number is Not Assestable)							
PENSA, ALLAN					Street Address (P.O. Box Number is Not Acceptable)							
	Mandy K		•									
DELRAY BEACH FL 33484					City FL Zip Code							
9 The above	named entit	v submits this statement f	or the purpose of changing its	register	ed office or i	registere	ed agent, or both	in the state of Florida		l		
o. The above	nameu enu	y submits this statement i	or the purpose of changing its	i i egialei	ed office of t	registere	d agent, or both	, in the state of Florida.				
			<i>r</i>									
SIGNATURE .												
	Signature, typed	or printed name of registered agen	t and title if applicable. (NOT)	E: Registere	d Agent signatur	e required v	when reinstating)		DATE			
		<del></del>				•						
FILE NOW: FEE IS \$61.25		, ,	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Make Check Pa				, {			
		Trust Fund Contrib			Added to Fees Department o				of State	Ì		
40		OCEIOCOS AND D	IDECTORS	144		Α.	DOITIONS (CHAI	NGES TO OFFICERS A	ND DIDE	CTORS IN	110	
10.	OFFICERS AND DIRECTORS 11.  VTD Delete TITI				. 1	A	DUITIONS/CHAI	NGES TO OFFICENS A		Change	☐ Addition	
TITLE .	KALLAS,	APNO	☐ Delete	TITE	1				L	onlinge		
STREET ADDRESS					ET ADDRESS						1	
CITY-ST-ZIP		1000 0 0200 011			-ST-ZIP							
TITLE	PD		☐ Delete	TłTL	F			11/14/1		Change	Addition	
NAME .	PENSA, A	ALLAN	CO DOIGIG	NAM	1	_ onlings _ nation						
STREET ADDRESS					ET ADDRESS						ì	
CITY-ST-ZIP				CITY	-ST-ZIP							
TITLE	VD		☐ Delete	TITL	E				[	Change	☐ Addition	
NAME	RIISMA, (	OSVALD		NAM	IE							
STREET ADDRESS 5791 COACH HOUSE CIRCLE, APT G			STRE	ET ADDRESS								
CITY-ST-ZIP	BOCA RA	ATON FL 33486		CITY	-ST-ZIP							
TITLE	SD		☐ Delete	TITL	E T				[	☐ Change	☐ Addition	
NAME	KALLAS,			NAM							ł	
STREET ADDRESS	,				ET ADDRESS						j	
CITY-ST-ZIP		TON FL 33319		CITY	-ST-ZIP							
TITLE	TD		☐ Delete	TITL					[	☐ Change	☐ Addition	
NAME	KAEPA, I			NAM	I .							
1010 0: 000 11 0010: 72 1: 72000				ET ADDRESS						}		
CITY-ST-ZIP	POMPAN	O BEACH FL 33062	<del></del>	Cally	-ST-ZIP							
TITLE			☐ Delete	TITL	l l				[	Change	☐ Addition	
NAME				NAM	- F							
STREET ADDRESS					ET ADORESS							
CITY-ST-ZIP	l			CHY	-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.

1-16-2001 5616373785