


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N13538					
1. Entity Name EELC-ST. PAUL'S CONGREGATION IN SOUTH FLORIDA, INC.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2696146	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENSA, ALLAN 502 NORMANDY K DELRAY BEACH FL 33484			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KALLAS, ARNO		NAME		
STREET ADDRESS	1933 S CLUB DR		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33319		CITY-ST-ZIP	02/02/04-80122-002 61.25	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENSA, ALLAN		NAME		
STREET ADDRESS	502 NORMANDY K		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RHISMA, OSVALD		NAME		
STREET ADDRESS	5791 COACH HOUSE CIRCLE, APT G		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KALLAS, EVI		NAME		
STREET ADDRESS	1933 S CLUB DR		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33319		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAEPKA, HILDA		NAME		
STREET ADDRESS	1340 S. OCEAN BLVD. APT. #2009		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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.

SIGNATURE: ALLAN PENSA 1-25-2004 5616373785