

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-2696146** Applied For: Not Applied:

5. Certificate of Status Desired: \$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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____



1st MOORE CR2E037 (10/05)

9. Election Campaign Financing Trust Fund Contribution: \$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"/> Add |
| NAME | PARTS, HEIKI | | | NAME | | | |
| STREET ADDRESS | 13251 CRISA DRIVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | | | CITY-ST-ZIP | | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| 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"/> Add |
| NAME | RIISMA, 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"/> Add |
| NAME | PARTS, HELVE | | | NAME | | | |
| STREET ADDRESS | 13251 CRISA DRIVE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 | | | CITY-ST-ZIP | | | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | KAEPA, 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"/> Add |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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02/11/06-80044-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 1-27-06 5616373785