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	Mailing Address
PEACE LUTHERAN CHURCH 1901 E COMMERCIAL BLVD FT. LAUDERDALE FL 33308 US	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

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2696146 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PENSA, ALLAN 502 NORMANDY K DELRAY BEACH FL 33484	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 _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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 NAME PARTS, HEIKI STREET ADDRESS 13251 CRISA DRIVE CITY-ST-ZIP PALM BEACH GARDENS FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000414572 02/11/06-80044-006 61.25
TITLE PD NAME PENSA, ALLAN STREET ADDRESS 502 NORMANDY K CITY-ST-ZIP DELRAY BEACH FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE VD NAME RIISMA, OSVALD STREET ADDRESS 5791 COACH HOUSE CIRCLE, APT G CITY-ST-ZIP BOCA RATON FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE SD NAME PARTS, HELVE STREET ADDRESS 13251 CRISA DRIVE CITY-ST-ZIP PALM BEACH GARDENS FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE TD NAME KAEPA, HILDA STREET ADDRESS 1340 S. OCEAN BLVD. APT. #2009 CITY-ST-ZIP POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

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 ALLAN PENSA 1-27-06 5616373785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #