


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 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
--	--

DO NOT WRITE IN THIS SPACE



01252007 No Chg-NP CR2E037 (4/06)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000610916
02/02/07-80040-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD PARTS, HEIKI 13251 CRISA DRIVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PENSA, ALLAN 502 NORMANDY K DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RIISMA, OSVALD 5791 COACH HOUSE CIRCLE, APT G BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PARTS, HELVE 13251 CRISA DRIVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KAEPA, HILDA 1340 S. OCEAN BLVD. APT. #2009 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Heik Parts **01/25/07** **561 626 7497**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #