## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N13538**

1. Entity Name

EELĆ-ST. PAUL'S CONGREGATION IN SOUTH FLORIDA, INC.



Feb 14, 2008 08:00 AM Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

SHEPHERD OF THE COAST LUTHERAN CHURCH 1901 E COMMERCIAL BLVD FT. LAUDERDALE, FL 33308 US 13251 CRISA DRIVE PALM BEACH GARDENS, FL 33410 US



## DO NOT WRITE IN THIS SPACE

02112008 No Chg-NP CR2E037 (4/06)

4. FEI Number	Applied For
59-2696146	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

PARTS, HEIKI 13251 CRISA DRIVE PALM BEACH GARDENS, FL 33410

SIGNATURE:

## 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
,	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	ORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PARTS, HEIKI 13251 CRISA DRIVE PALM BEACH GARDENS, FL 33410				000000827352 02/21/08-80088-009 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIISMA, MAIRE 5791 COACH HOUSE DRIVE APT G DELRAY BEACH, FL 33484					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIISMA, OSVALD 5791 COACH HOUSE CIRCLE, APT G BOCA RATON, FL 33486		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARTS, HELVE 13251 CRISA DRIVE PALM BEACH GARDENS, FL 33410		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALLAS, ARNO 1933 S CLUB DRIVE WELLINGTON, FL 33319					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	
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.						

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR