

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90101 010 \*\*\*\*61.25

**DOCUMENT # N13538**



1. Entity Name  
**EELC-ST. PAUL'S CONGREGATION IN SOUTH FLORIDA, I  
NC.**

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2696146**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

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**  Delete  
NAME **KALLAS, ARNO**  
STREET ADDRESS **1933 S CLUB DR**  
CITY-ST-ZIP **WELLINGTON FL 33319**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **PENSA, ALLAN**  
STREET ADDRESS **502 NORMANDY K**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **RIISMA, OSVALD**  
STREET ADDRESS **5791 COACH HOUSE CIRCLE, APT G**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD**  Delete  
NAME **KALLAS, EVI**  
STREET ADDRESS **1933 S CLUB DR**  
CITY-ST-ZIP **WELLINGTON FL 33319**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**  Delete  
NAME **KAIPA, HILDA**  
STREET ADDRESS **1340 S. OCEAN BLVD. APT. #2009**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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: SIG *Allan Pensa* ALLAN PENSA 1-23-2003 5616373785

CR2E037 (10/02)