FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29846** (5)

1. Corporation Name

ALL SAINTS LUTHERAN CHURCH-HUDSON, INC.

Principal Place of Business	Mailing Address
C/O THOMAS J. ZANDECKI 7619 LITTLE ROAD , SUITE 250 NEW PORT RICHEY FL 34654	C/O THOMAS J. ZANDECKI 7619 LITTLE ROAD , SUITE 250 NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1988
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2915473 — Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 All Saints Lutheran Church	26
22 Suite, Apt. #, etc. 9525 Hudson Ave	27 Suite, Apt. #, etc. 9525 Hudson Ave
23 City & State Hudson FL	28 City & State Hudson FL
24 Zip 34667 — 25 County Pasco	29 Zip 34667 — 30 County Pasco

9. Name and Address of Current Registered Agent

ZANDECKI, THOMAS J.
7627 LITTLE ROAD
SUITE 250
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Sonja Zapka 4/26/95
(Signature of, and typed or printed name of registered agent, and date, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KING, LOU	12 NAME	
STREET ADDRESS	13504 SHADBERRY LANE	13 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	ZAPKA, SONJA	22 NAME	
STREET ADDRESS	9235 DUFFER CT.	23 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	HUHT, SHIRLEY	32 NAME	
STREET ADDRESS	11235 BLACK WALNUT ST.	33 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	MOTZ, MAXINE	42 NAME	
STREET ADDRESS	7519 TURKEY ROOST ROW	43 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HARBERTS,JEAN	52 NAME	
STREET ADDRESS	12700 OAK TREE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ARCURI, JENETTE	62 NAME	
STREET ADDRESS	7237 CASCADE DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	BAYONET POINT FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sonja Zapka 4/26/95 904-821-1...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020189