

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29846 (5)

1. Corporation Name

ALL SAINTS LUTHERAN CHURCH-HUDSON, INC.

Principal Place of Business

**ALL SAINTS LUTHERAN CHURCH
9525 HUDSON AVE.
HUDSON FL 34667
US**

Mailing Address

**C/O THOMAS J. ZANDECKI
9525 HUDSON AVE.
NEW PORT RICHEY FL 34667
US**



3. Date Incorporated or Qualified
12/21/1988

3a. Date of Last Report
05/01/1995

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title 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** ☒ DELETE
NAME **KING, LOU**
STREET ADDRESS **13504 SHADBERRY LANE**
CITY-ST-ZIP **HUDSON FL**

1.1 TITLE **PRESIDENT** ☐ Change ☐ Addition
1.2 NAME **Shirley Hunt**
1.3 STREET ADDRESS **1125 Black Walnut Hudson FL**
1.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **ZAPKA, SONJA**
STREET ADDRESS **9235 DUFFER CT.**
CITY-ST-ZIP **HUDSON FL**

2.1 TITLE **Treasurer** ☐ Change ☐ Addition
2.2 NAME **Louis E. King Jr.**
2.3 STREET ADDRESS **13504 Shadberry Lane**
2.4 CITY-ST-ZIP **Hudson, FL.**

TITLE **VD** ☒ DELETE
NAME **HUHT, SHIRLEY**
STREET ADDRESS **11235 BLACK WALNUT ST.**
CITY-ST-ZIP **HUDSON FL**

3.1 TITLE **Secretary** ☐ Change ☐ Addition
3.2 NAME **Edith Oesterling**
3.3 STREET ADDRESS **6701 Clarion St.**
3.4 CITY-ST-ZIP **Port Richey FL.**

TITLE **SD** ☒ DELETE
NAME **MOTZ, MAXINE**
STREET ADDRESS **7519 TURKEY ROOST ROW**
CITY-ST-ZIP **BAYONET POINT FL**

4.1 TITLE **Director** ☐ Change ☐ Addition
4.2 NAME **Sonja Zapka**
4.3 STREET ADDRESS **9235 Duffer Ct., Hudson, FL**
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HARBERTS, JEAN**
STREET ADDRESS **12700 OAK TREE DRIVE**
CITY-ST-ZIP **HUDSON FL**

5.1 TITLE **Director Vice President** ☐ Change ☐ Addition
5.2 NAME **Diane Ganzel**
5.3 STREET ADDRESS **9817 San Diego Way, Port Richey FLA**
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **ARCURI, JENETTE**
STREET ADDRESS **7237 CASCADE DRIVE**
CITY-ST-ZIP **BAYONET POINT FL**

6.1 TITLE **Director** ☐ Change ☐ Addition
6.2 NAME **Donald Kuerner**
6.3 STREET ADDRESS **18836 Akins Drive, Spring Hill, Fla**
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)