

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90380 023 ****61.25

DOCUMENT # N29846

1. Entity 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**

44040343



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2915473

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

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

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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 ☐ Delete
NAME **PT ORLANDO, GINNY**
STREET ADDRESS **8513 WAGON WHEEL LANE**
CITY-ST-ZIP **BAYONET POINT, FL 34667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **VP WILSON, KENNETH**
STREET ADDRESS **13841 KING AVE.**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☒ Change ☐ Addition
NAME **VP JON VAN STEEN**
STREET ADDRESS **8307 SPLIT RAIL LANE**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☒ Delete
NAME **S FIELDS, CAROL**
STREET ADDRESS **13303 SHADBERRY LANE**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☒ Change ☐ Addition
NAME **S SONIA GRISWOLD**
STREET ADDRESS **11520 CALEB AVE**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE ☐ Delete
NAME **AT CALNAN, BARBARA**
STREET ADDRESS **9141 DUFFER CT**
CITY-ST-ZIP **HUDSON, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **FS ARBURI, CHERYL**
STREET ADDRESS **11641 IBIS LANE**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE ☒ Change ☐ Addition
NAME **FS KAREN FALZONE**
STREET ADDRESS **15406 NAVA ST**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE ☐ Delete
NAME **T MOLL, MILT**
STREET ADDRESS **15726 BRENDA ST**
CITY-ST-ZIP **HUDSON, FL 34667**

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: *Barbara Calnan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 *727-862-9525*
Date Daytime Phone #