

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90132 043 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2915473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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
Due By May 1, 2005

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

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	ORLANDO, GINNY	
STREET ADDRESS	8513 WAGON WHEEL LANE	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VAN STEEN, JON	
STREET ADDRESS	8307 SPLIT RAIL LANE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GRISWOLD, SONIA	
STREET ADDRESS	11520 CALEB AVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CALNAN, BARBARA	
STREET ADDRESS	9141 DUFFER CT	
CITY-ST-ZIP	HUDSON FL	
TITLE	FS	<input type="checkbox"/> Delete
NAME	FALZONE, KAREN	
STREET ADDRESS	15406 NAVA ST	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOLL, MILT	
STREET ADDRESS	15726 BRENDA ST.	
CITY-ST-ZIP	HUDSON FL 34667	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE CAIN	
STREET ADDRESS	8722 BRAXTON DRIVE	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS MARGHEIM	
STREET ADDRESS	325 GULFPORT LANE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUANITA JONES	
STREET ADDRESS	11316 VERNON AVE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATT JEREBEK	
STREET ADDRESS	13625 WOODWARD DR	
CITY-ST-ZIP	HUDSON, FL 34667	

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* (BARBARA CALNAN) 4-6-05 727-862-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #