

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90025 031 ****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		4. FEI Number 59-2915473	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAIN, JOYCE		NAME		
STREET ADDRESS	8722 BRAXTON DR		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	THOMAS TODD VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARGHEIM, DENNIS		NAME	14149 FALDO CT	
STREET ADDRESS	325 GULFPORT LANE		STREET ADDRESS	HUDSON, FL 34667	
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	STEVE DAVIS S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JONES, JUANITA		NAME	5160 BRACKENWOOD DR	
STREET ADDRESS	11316 VERNON AVE		STREET ADDRESS	SPRINGHILL, FL 34609	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALNAN, BARBARA		NAME		
STREET ADDRESS	9141 DUFFER CT		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL		CITY-ST-ZIP		
TITLE	FS	<input checked="" type="checkbox"/> Delete	TITLE	FS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FALZONE, KAREN		NAME	SUE CAUSEY-FOLEY	
STREET ADDRESS	15406 NAVA ST		STREET ADDRESS	7612 LANCELOT RD	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	MILT MOLL T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JEREBER, MATT		NAME	15726 BRENDA ST	
STREET ADDRESS	13625 WOODWARD DR		STREET ADDRESS	HUDSON, FL 34667	
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Barbara Calnan</i>		Assist Jura. 7-11-06		727- 862-9526	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
BARBARA CALNAN					