


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 | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2915473 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | PT CAIN, JOYCE 8722 BRAXTON DR HUDSON, FL 34667 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARGHEIM, DENNIS 325 GULFPORT LANE SPRING HILL, FL 34608 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | THOMAS TODD VP 14149 FALDO CT HUDSON, FL 34667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S JONES, JUANITA 11316 VERNON AVE PORT RICHEY, FL 34668 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STEVE DAVIS S 5160 BRACKENWOOD DR SPRINGHILL, FL 34609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT CALNAN, BARBARA 9141 DUFFER CT HUDSON, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FS FALZONE, KAREN 15406 NAVA ST HUDSON, FL 34667 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FS SUE CAUSEY-FOLEY 7612 LANCELOT RD PORT RICHEY, FL 34668 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JEREBER, MATT 13625 WOODWARD DR HUDSON, FL 34667 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MILT MOHL T 15726 BRENDA ST HUDSON, FL 34667 |
| 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: <u>Barbara Calnan</u> Assist June 7-11-06 727-862-9526 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

BARBARA CALNAN