# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
02-21-2003 90189 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
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

☐ CHECK HERE IF MAKING CHANGES

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

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 | ☑ Delete |
| NAME | NEFF, ERIC | |
| STREET ADDRESS | 13454 HAYS RD | |
| CITY-ST-ZIP | SPRING HILL FL 34610 | |
| TITLE | T | ☑ Delete |
| NAME | ORLANDO, GINNY | |
| STREET ADDRESS | 8513 WAGON WHEEL LANE | |
| CITY-ST-ZIP | BAYONET POINT, FL 34667 | |
| TITLE | S | ☑ Delete |
| NAME | WILSON, KENNETH | |
| STREET ADDRESS | 13841 KING AVE | |
| CITY-ST-ZIP | HUDSON FL 34667 | |
| TITLE | AT | ☐ Delete |
| NAME | T CALNAN, BARBARA | |
| STREET ADDRESS | 9141 DUFFER CT | |
| CITY-ST-ZIP | HUDSON FL | |
| TITLE | FS | ☑ Delete |
| NAME | STAMER, BARBARA | |
| STREET ADDRESS | 2275 COUNTRY RIDGE LN | |
| CITY-ST-ZIP | SPRING HILL FL | |
| TITLE | T | ☑ Delete |
| NAME | ORTH, GARY | |
| STREET ADDRESS | 12201 SUAVE LN | |
| CITY-ST-ZIP | HUDSON FL 34669 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|---|---|---|
| TITLE | PT PRESIDENT | ☑ Change ☐ Addition |
| NAME | GINNY ORLANDO | |
| STREET ADDRESS | 8513 WAGON WHEEL LANE | |
| CITY-ST-ZIP | BAYONET POINT FL 34667 | |
| TITLE | VP VICE PRESIDENT | ☑ Change ☐ Addition |
| NAME | KENNETH WILSON | |
| STREET ADDRESS | 13841 KING AVENUE | |
| CITY-ST-ZIP | HUDSON FL 34667 | |
| TITLE | S SECRETARY | ☑ Change ☐ Addition |
| NAME | CAROL FIELDS | |
| STREET ADDRESS | 13303 SHADBERRY LANE | |
| CITY-ST-ZIP | HUDSON FL 34667 | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | FS FINANCIAL SECRETARY | ☑ Change ☐ Addition |
| NAME | CHERYL ARCURI | |
| STREET ADDRESS | 11641 IBIS LANE | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | |
| TITLE | T TREASURER | ☑ Change ☐ Addition |
| NAME | MILT HOLL | |
| STREET ADDRESS | 15726 BRENDA STREET | |
| CITY-ST-ZIP | HUDSON FL 34667 | |

CR2E037 (10/02)

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 R Calnan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/19/05

Daytime Phone # 727-862-9525