

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

Mailing Address

**ALL SAINTS LUTHERAN CHURCH
9525 HUDSON AVE.
HUDSON FL 34667
US**

**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



☐ 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**
NAME **NEFF, ERIC** ☒ Delete
STREET ADDRESS **13454 HAYS RD**
CITY-ST-ZIP **SPRING HILL FL 34610**

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

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

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

TITLE **FS**
NAME **STAMER, BARBARA** ☒ Delete
STREET ADDRESS **2275 COUNTRY RIDGE LN**
CITY-ST-ZIP **SPRING HILL FL**

TITLE **T**
NAME **ORTH, GARY** ☒ Delete
STREET ADDRESS **12201 SUAVE LN**
CITY-ST-ZIP **HUDSON FL 34669**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT**
NAME **PRESIDENT** ☒ Change ☐ Addition
NAME **GINNY ORLANDO**
STREET ADDRESS **8513 WAGON WHEEL LANE**
CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE **VP**
NAME **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **KENNETH WILSON**
STREET ADDRESS **13841 KING AVENUE**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **S**
NAME **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**
NAME **FINANCIAL SECRETARY** ☒ Change ☐ Addition
NAME **CHERYL ARCURI**
STREET ADDRESS **11641 IDIS LANE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **T**
NAME **TREASURER** ☒ Change ☐ Addition
NAME **MILT HOLL**
STREET ADDRESS **15726 BRENDA STREET**
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 A. Calnan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/05
Date

727-862-9525
Daytime Phone #

CR2E037 (10/02)