

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

FILED

Feb 09, 2005 08:00 AM  
Secretary of State

DOCUMENT # N38785

1. Entity Name

CHURCH OF THE LUTHERAN CONFESSION OF NORTH  
PORT, FLORIDA, INC.



Principal Place of Business  
14600 S. TAMiami TRAIL  
NORTH PORT FL 34287

Mailing Address  
14600 S. TAMiami TRAIL  
NORTH PORT FL 34287

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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETERS, ROBERT A  
7445 MANASOTA KEY  
ENGLEWOOD FL 34223

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 terminating)

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	TD	<input type="checkbox"/> Delete
NAME	PETERS, ROBERT A.	
STREET ADDRESS	7445 MANASOTA KEY	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCA, FRANK	
STREET ADDRESS	6700 HARMONY ROAD	
CITY - ST - ZIP	NORTH PORT FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MITCHELL, AUBREY JR	
STREET ADDRESS	5977 ESPANOLA AVE	
CITY - ST - ZIP	N PORT FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EVFOURTH, LYLE	
STREET ADDRESS	723 RIVER VIEW CIR	
CITY - ST - ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000222673	
STREET ADDRESS	02/10/05-80010-025 61.25	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

*Robert A. Peters* ROBERT A. PETERS

Date

2/1/05

Daytime Phone #

941-474-4385