2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42041

1. Entity Name



FILED Mar 31, 2006 8:00 am Secretary of State

	'S EVANGELICAL LUTHER RNE, FLORIDA, INC.	RAN CHURCH OI	F			U	J3-31-2006	90018 0	48 ****61.2:	3
Principal Place 105 W HIBISO MELBOURNE	CUS BLVD	Mailing Address PO BOX 338 MELBOURNE, FL	32901							
								E 1818 HAN 1161		
2. Principal P	ace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03242006	Chg-NP	CR2I	E037 (11/05)	
City & State		City & State	City & State			4. FEI Number Applied For 59-0237815 Not Applicable				
Zip	Country	Zip	Cou	intry		5. Certificate of	Status Desire	ed 🗆	\$8.75 Add	
	6. Name and Address of Current	Registered Agent				7. Name and A	ddress of Ne	w Register	ed Agent	
PETERSON, CLIFFORD A						Richard			erer	
105 W. HIE	BISCUS BLVD NE, FL 32901		Street Address			(P.O. Box Number is Not Acceptable) Hibiscus Blvd.				
				City					L Zip Cod 329	le
R The above	named entity submits this statement for	or the nurnose of changing	na ite register			oourne	in the State o			
	ions of registered agent.	* the purpose or changin	ng its register	ed dilide of re	cgistoret	agent, or both,	in the otate t	si i i i i i i i i i i i i i i i i i i	and the second	and doopt
SIGNATURE .	REV. Rul 001	W. 1900	~					3/2	7/06	
	Signature, typed or printed name of registered agent	and title if apply airle.	(NOTE: Registere	d Agent signature	e required w	nen reinstating)		DA ⁻	TE P	
	Filing Fee is \$61.25	9. Election	n Campaign F		9	5.00 May Be		Make ch	eck payable t	.0
	Due by May 1, 2006	Trust F	und Contribut	ion. L	□ }	dded to Fees		Florida De	partment of S	tate
10.			und Contribut	ion. L	4 لــ	dded to Fees	<u> </u>			V 10
10. TITLE NAME STREET ADDRESS	Due by May 1, 2006 OFFICERS AND DID DT PETERSON, CLIFFORD A		11. TITL	E E	DT Gors	odded to Fees DDITIONS/CHAP	NGES TO OFF	FICERS AND		
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Increase certify that the information supplied with this limit does not qualify for the exemptions contained in chapter 119, for does not every 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.

SIGNA	TURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SOMING OFFICER OR DIRECTOR

(321)723-8393 Daytime Phone #