

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90024 047 ****61.25

DOCUMENT # N44352

1. Entity Name

WOODLANDS LUTHERAN MINISTRIES, INC.



Principal Place of Business

15749 HIGHWAY 455
MONTVERDE FL 34756

Mailing Address

15749 HIGHWAY 455
MONTVERDE FL 34756

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

59-3120417

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

WEERTS, MILAN
15749 CR 455
MONTVERDE FL 34756

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
Due By May 1, 2004

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 D ☐ Delete
NAME TEDER, REIN
STREET ADDRESS 410 ORLANDO AVE #5A
CITY-ST-ZIP OCOEE FL

TITLE VPD ☐ Delete
NAME MIKLER, BOB
STREET ADDRESS 3320 S.E. 31ST TERR
CITY-ST-ZIP Ocala FL 34471

TITLE D ☐ Delete
NAME COUPLAND, JOE
STREET ADDRESS 695 OLD MAGNOLIA TR
CITY-ST-ZIP CANTON GA 30115

TITLE PD ☐ Delete
NAME FREDRICKS, JOHN
STREET ADDRESS 325 W. MAIN ST.
CITY-ST-ZIP APOPKA FL

TITLE SD ☐ Delete
NAME RETZLAFF, KAE
STREET ADDRESS 16105 HILLSIDE
CITY-ST-ZIP MONTUERDE FL 34756

TITLE D ☐ Delete
NAME KLUMP, PAUL
STREET ADDRESS 632 FANCON CT
CITY-ST-ZIP WINTER SPGS FL 32779

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Change ☐ Addition
NAME FOLEY, BOB
STREET ADDRESS 15631 Vinola Dr.
CITY-ST-ZIP Montverde, FL 34756

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☐ Addition
NAME BACHERT, REV. ALAN
STREET ADDRESS 1630 Royal Palm
CITY-ST-ZIP Gulfport, FL 33703

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-04