

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44352

FILED
Mar 31, 2005
Secretary of State

Entity Name: WOODLANDS LUTHERAN MINISTRIES, INC.

Current Principal Place of Business:

15749 HIGHWAY 455
MONTVERDE, FL 34756

New Principal Place of Business:

Current Mailing Address:

15749 HIGHWAY 455
MONTVERDE, FL 34756

New Mailing Address:

FEI Number: 59-3120417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, LANNY R
15749 CR 455
MONTVERDE, FL 34756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TEDER, REIN
Address: 410 ORLANDO AVE #5A
City-St-Zip: OCOEE, FL

Title: VPD () Delete
Name: FOLEY, BOB
Address: 15631 VINOLA DR.
City-St-Zip: MONTVERDE, FL 34756

Title: D () Delete
Name: COUPLAND, JOE
Address: 695 OLD MAGNOLIA TR
City-St-Zip: CANTON, GA 30115

Title: PD () Delete
Name: FREDRICKS, JOHN
Address: 325 W. MAIN ST.
City-St-Zip: APOPKA, FL

Title: SD () Delete
Name: RETZLAFF, KAE
Address: 16105 HILLSIDE
City-St-Zip: MONTUERDE, FL 34756

Title: TD () Delete
Name: BACHERT, ALAN REV
Address: 1630 ROYAL PALM
City-St-Zip: GULFPORT, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ESSIG, JAMES
Address: 4800 GARFIELD STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOARD, MARY J MRS.
Address: 3323 GULFSTREAM ROAD
City-St-Zip: ORLANDO, FL 32805

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB FOLEY

VPD

03/31/2005

Electronic Signature of Signing Officer or Director

Date