

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47219

FILED
May 04, 2004
Secretary of State

Entity Name: EPIPHANY LUTHERAN CHURCH, INC.

Current Principal Place of Business:

1498 TUSKAWILLA RD
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1498 TUSKAWILLA RD
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3030590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYSER, DENISE
1707 LITTLETON CT
WINTER SPRINGS, FL 32708

Name and Address of New Registered Agent:

LEHNER, MARK A TREA
2000 CHAPMAN OAKS DRIVE
OVIEDO, FL 32765

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: MARK A LEHNER

05/04/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RYSER, DENISE
Address: 1707 LITTLETON CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP () Delete
Name: OTTO, DICK
Address: 1498 TUSCUWILLA BLVD
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: WILLIAMS, LOREYNE
Address: 152 PEREGRINE CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: LEHNER, MARK
Address: 2000 CHAPMAN OAKS DR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: MARK A LEHNER

TD

05/04/2004

Electronic Signature of Signing Officer or Director

Date