

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90027 016 \*\*\*\*61.25

**DOCUMENT # N47219**

1. Entity Name  
**EPIPHANY LUTHERAN CHURCH, INC.**



Principal Place of Business  
**1498 TUSKAWILLA RD  
OVIEDO, FL 32765 US**

Mailing Address  
**1498 TUSKAWILLA RD  
OVIEDO, FL 32765 US**

**40045161**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03102008 Chg-NP CR2E037 (12/06)

City & State  
Zip Country

4. FEI Number  
**59-3030590**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEHNER, MARK A TREA  
203 MAGNOLIA PARK TRAIL  
SANFORD, FL 32773**

7. Name and Address of New Registered Agent

Name **CARRINGTON, JULIE R. TREA**  
Street Address (P.O. Box Number is Not Acceptable)  
**125 LAKE DR**  
City **OVIEDO** FL Zip Code **32765**

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)

**3/9/08**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **VP** ☐ Delete  
NAME **SEGER, TED**  
STREET ADDRESS **3852 BISCAYNE DR**  
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **PD** ☐ Delete  
NAME **BALANOFF, GARY**  
STREET ADDRESS **8202 MARGARITA DR**  
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE **SD** ☒ Delete  
NAME **WEHMEYER, LYNDIA**  
STREET ADDRESS **1074 WINDING WATERS CR**  
CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

TITLE **TD** ☒ Delete  
NAME **LEHNER, MARK**  
STREET ADDRESS **203 MAGNOLIA PARK TRAIL**  
CITY-ST-ZIP **SANFORD, FL 32773**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **SD** ☒ Change ☐ Addition  
NAME **VAN LANDINGHAM, ANNIE**  
STREET ADDRESS **805 SHADY HOLLOW LANE**  
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE **TD** ☒ Change ☐ Addition  
NAME **CARRINGTON, JULIE**  
STREET ADDRESS **125 LAKE DR**  
CITY-ST-ZIP **OVIEDO FL 32765**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**JULIE CARRINGTON**

Date

**3/9/08**

Daytime Phone #

**4076462682**