## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N94000001184**

LAESTADIAN LUTHERAN CHURCH OF FLORIDA, INC.



FILED Jan 20, 2006 08:00 AN **Secretary of State** 

Principal Place of Business 928 SOUTH E STREET LAKE WORTH, FL 33460 Mailing Address 2920 LAKE OSBORNE DRIVE #12-205 LAKE WORTH, FL 33461-5963



DO NOT WRITE IN THIS SPACE

01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0475860 Applied For Not Applic

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAHTI, DONALD W 2920 LAKE OSBORNE DR APT 12-205 LAKE WORTH, FL 33461-5963

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	office or r	registered agent, or b	ooth, in the State of Florida. I am famillar with, and a	
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Registered Ag	ent signatun	e required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financin     Trust Fund Contribution.	<b>9</b> 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS			<del> </del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS + LAHTI, DONALD W 2920 LAKE OSBORNE DR APT 12-20 LAKE WORTH, FL 334615963	95		1100000393522 01/25/06-80025-003 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WISURI, MELVIN 1502 SOUTH LAKESIDE APT 103 LAKE WORTH, FL 33480			01/25/06-80025-003 61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BEKKALA, PETER 111 LAKE AVE APT 2 LAKE WORTH, FL 334603944			DC	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	IN THIS SPACE	

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 informatic 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Nonald W. Fatte DONALD W. LAHTI

1/17/2006 586-8070