## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N9400001184,

LAESTADIAN LUTHERAN CHURCH OF FLORIDA, INC.



**FILED** Jan 22, 2007 08:00 AM **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

01172007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0475860

Applied For Not Applicable

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

				11/4	THIS SPACE
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)  OATE					
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financi     Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRECT DS LAHTI, DONALD W 2920 LAKE OSBORNE DR APT 12-20 LAKE WORTH, FL 334615963 DT WISURI, MELVIN				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1502 SOUTH LAKESIDE APT 103 LAKE WORTH, FL 33460 DC BEKKALA, PETER 111 LAKE AVE APT 2 LAKE WORTH, FL 334603944			DO	000000596426 01/23/07-80079-003 61.25 NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Donald W. Latte DONALD W. LAHTI

1/20/2007 561-586-8070