

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005307

1. Entity Name

SOUTHERN LUTHERAN ACADEMY FOUNDATION, INC.

**FILED**  
Jul 02, 2002 8:00 am  
Secretary of State

06-11-2002 90150 049 \*\*\*\*61.25

0016740

37383



DO NOT WRITE IN THIS SPACE

Principal Place of Business 992 CHASE HAMMOCK RD MERRITT ISLAND FL 32953-703 US		Mailing Address 992 CHASE HAMMOCK RD MERRITT ISLAND FL 32953-703 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2351378		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WICHMANN, LEON 992 CHASE HAMMOCK ROAD MERRITT ISLAND FL 32953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	KRENKE, DAVID		
CITY-ST-ZIP	28215 G US HWY 27 LEESBURG FL 34748-9084		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	FABER, CRAIG		
CITY-ST-ZIP	5011 LIDO STREET ORLANDO FL 32807		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	SCHUPPE, CRAIG		
CITY-ST-ZIP	2315 COLDSTREAM DRIVE WINTER PARK FL 32792		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	SCHUPPE, DON		
CITY-ST-ZIP	6448 WYNFREY PLACE MEMPHIS TN 31820		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	Paul Lemko		
CITY-ST-ZIP	777 SE 58th Ave Ocala, FL 34471-3551		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	Leon Wichmann		
CITY-ST-ZIP	992 Chase Hammock Road Merritt Island, FL 32953-7703		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Leon Wichmann REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

321-867-1504

Daytime Phone

CR2E037 (9/01)