

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005307

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** SOUTHERN LUTHERAN ACADEMY FOUNDATION, INC.**Current Principal Place of Business:**992 CHASE HAMMOCK RD  
MERRITT ISLAND, FL 32953703 US**New Principal Place of Business:**992 CHASE HAMMOCK RD  
MERRITT ISLAND, FL 329537703 US**Current Mailing Address:**992 CHASE HAMMOCK RD  
MERRITT ISLAND, FL 32953703 US**New Mailing Address:**992 CHASE HAMMOCK RD  
MERRITT ISLAND, FL 329537703 US**FEI Number:** 59-2351378**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WICHMANN, LEON  
992 CHASE HAMMOCK ROAD  
MERRITT ISLAND, FL 32953 US**Name and Address of New Registered Agent:**WICHMANN, LEON  
992 CHASE HAMMOCK ROAD  
MERRITT ISLAND, FL 329537703 US

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: LEON WICHMANN

04/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: FABER, CRAIG  
Address: 5011 LIDO STREET  
City-St-Zip: ORLANDO, FL 32807Title: D ( ) Delete  
Name: SCHUPPE, CRAIG  
Address: 2315 COLDSTREAM DRIVE  
City-St-Zip: WINTER PARK, FL 32792Title: D ( ) Delete  
Name: SCHUPPE, DON  
Address: 6448 WYNFREY PLACE  
City-St-Zip: MEMPHIS, TN 31820Title: D ( ) Delete  
Name: LEMKE, PAUL  
Address: 777 SE 58TH AVE  
City-St-Zip: OCALA, FL 344713551Title: D ( ) Delete  
Name: WICHMANN, LEON  
Address: 992 CHASE HAMMOCK ROAD  
City-St-Zip: MERRITT ISLAND, FL 329537703**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: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: LEON WICHMANN

TREA

04/30/2004

Electronic Signature of Signing Officer or Director

Date