

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90372 038 ****61.25

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1. Entity Name
SOUTHERN LUTHERAN ACADEMY FOUNDATION, INC.



Principal Place of Business
992 CHASE HAMMOCK RD
MERRITT ISLAND, FL 32953-7703 US

Mailing Address
992 CHASE HAMMOCK RD
MERRITT ISLAND, FL 32953-7703 US

40050987



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2351378

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WICHMANN, LEON
992 CHASE HAMMOCK ROAD
MERRITT ISLAND, FL 32953-7703

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. 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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 D ☐ Delete
NAME FABER, CRAIG
STREET ADDRESS 5011 LIDO STREET
CITY-ST-ZIP ORLANDO, FL 32807

TITLE D ☐ Delete
NAME SCHUPPE, CRAIG
STREET ADDRESS 2315 COLDSTREAM DRIVE
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE D ☐ Delete
NAME SCHUPPE, DON
STREET ADDRESS 6448 WYNFREY PLACE
CITY-ST-ZIP MEMPHIS, TN 31820

TITLE D ☐ Delete
NAME KOCH, HENRY
STREET ADDRESS 4845 25TH AVE N
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE D ☐ Delete
NAME WICHMANN, LEON
STREET ADDRESS 992 CHASE HAMMOCK ROAD
CITY-ST-ZIP MERRITT ISLAND, FL 329537703

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

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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:

Leon Wichmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

321-867-1504

Daytime Phone #