

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005307

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** SOUTHERN LUTHERAN ACADEMY FOUNDATION, INC.

**Current Principal Place of Business:**

992 CHASE HAMMOCK RD  
MERRITT ISLAND, FL 329537703 US

**New Principal Place of Business:**

**Current Mailing Address:**

992 CHASE HAMMOCK RD  
MERRITT ISLAND, FL 329537703 US

**New Mailing Address:**

**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 329537703 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FABER, CRAIG  
Address: 5011 LIDO STREET  
City-St-Zip: ORLANDO, FL 32807

Title: D ( ) Delete  
Name: SCHUPPE, CRAIG  
Address: 2315 COLDSTREAM DRIVE  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete  
Name: SCHUPPE, DON  
Address: 6448 WYNFREY PLACE  
City-St-Zip: MEMPHIS, TN 31820

Title: D ( ) Delete  
Name: KOCH, HENRY  
Address: 4845 25TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: 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: D (X) Change ( ) Addition  
Name: WEIGAND, MICHAEL J  
Address: 2145 ARCADIA ROAD  
City-St-Zip: HOLIDAY, FL 34690

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

TRES

04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date