

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003904

FILED  
Jan 07, 2004  
Secretary of State

**Entity Name:** CHRIST COMMUNITY LUTHERAN SCHOOL, INC.

**Current Principal Place of Business:**

777 MOORING LINE DR.  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

777 MOORING LINE DR.  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 65-0806628

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GROTH, ROBERT W  
1044 CASTELLO DR., SUITE 101  
NAPLES, FL 34103 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: PD ( ) Delete  
Name: SEITZ, JAMES  
Address: 6150 CYPRESS HOLLOW WY  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: STOHLER, ERMIL  
Address: 136 FLAME VINE DR.  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: LINDAHL, JEAN  
Address: 2305 PICCADILLY CIRCUS  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: TRACY, JAMES L  
Address: 4801 18TH CT SW  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: THOMAS, DON  
Address: 1350 CHURCHILL CIRCLE  
City-St-Zip: NAPLES, FL 34116

**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: JAMES D. SEITZ

PRES

01/07/2004

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

\_\_\_\_\_  
Date