

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709831

**Entity Name:** ST. MATTHEW'S EVANGELICAL LUTHERAN CHURCH

**Current Principal Place of Business:**

12086 FORT CAROLINE RD  
SUITE 404  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

P.O. BOX 350119  
JACKSONVILLE, FL 32235 US

**FEI Number:** 59-6044099

**Certificate of Status Desired:** No

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

ST. MATTHEW'S LUTHERAN CHURCH  
12086 FORT CAROLINE RD.  
SUITE 404  
JACKSONVILLE, FL 32225 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name FARRELL, SHIRLEY  
Address 3435 HIDDEN LAKES DR W  
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER  
Name KOUFONIKOS, TERESA  
Address 967 MISTY MOUNTAIN DR. WEST  
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY  
Name TANO, ROBERT  
Address 7867 GLEN ECHO RD N  
City-State-Zip: JACKSONVILLE FL 32211

Title PRESIDENT  
Name KEISTER, MARK  
Address 5205 RIVERTON RD  
City-State-Zip: JACKSONVILLE FL 32277

*I hereby 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 all other like empowered.*

**SIGNATURE:** TERESA KOUFONIKOS

**TREASURER**

**03/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date