


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90026 020 \*\*\*\*61.25

<b>DOCUMENT # 704595</b>					
1. Entity Name <b>THE ABIDING SAVIOR LUTHERAN CHURCH OF WINTER HAVEN, INC.</b>					
Principal Place of Business <b>1910 HAVENDALE BLVD WINTER HAVEN, FL 33881-1235 US</b>			Mailing Address <b>1910 HAVENDALE BLVD WINTER HAVEN, FL 33881-1235 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6607009</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FORD, ALAN J 1910 HAVENDALE BLVD WINTER HAVEN, FL 33881</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Vice-Prrsident	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZELWOOD, HARRY		NAME	James Eckstein	
STREET ADDRESS	2109 EDGEWATER CIR		STREET ADDRESS	2129 Kirkland Lake Dr.	
CITY-ST-ZIP	WINTER HAVEN, FL 338804647		CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERGE, WALTER		NAME		
STREET ADDRESS	4120 SPRUCE WOOD ST		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 338801642		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JANET		NAME		
STREET ADDRESS	72 SAINT KITTS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 338843500		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	President-Direcior	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, FREDERICK		NAME		
STREET ADDRESS	688 CYPRESS GROVE WAY		STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE, FL 338235631		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY, MARTI		NAME	Sandra Doke	
STREET ADDRESS	133 HAWTHORNE RD		STREET ADDRESS	927 LaQuinta Blvd.	
CITY-ST-ZIP	WINTER HAVEN, FL 338842350		CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Walter C. Roberse, Jr.</u> <b>WALTER C. ROBERSE, JR</b> 1/23/06 863-299-2829					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					