


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90304 030 ****61.25

DOCUMENT # 712478

1. Entity Name
 HOLY CROSS EVANGELICAL LUTHERAN CHURCH, INC.



Principal Place of Business
 724 BIG TREE ROAD
 SOUTH DAYTONA, FL 32119

Mailing Address
 724 BIG TREE ROAD
 SOUTH DAYTONA, FL 32119

60024595



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04062006 Chg-NP CR2E037 (11/05)

City & State
 Zip Country

4. FEI Number
 23-7039715

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 N
 SCHILLIAGER, DAVID R.
 4244 PENNINSULA AVE
 WILBUR BY THE SEA, FL 32127

7. Name and Address of New Registered Agent

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	PD	<input type="checkbox"/> Delete
NAME	OEHME, BARBARA	
STREET ADDRESS	3463 COUNTRY WALK DRIVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	OEHME, BARBARA	
STREET ADDRESS	3463 COUNTRY WALK DRIVE	
CITY-ST-ZIP	PORT ORANGE, FL 32119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUNSALLUS, RICHARD	
STREET ADDRESS	31 SILKMOSS COURT	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHILLINGER, BONNIE	
STREET ADDRESS	4244 PENNINSULA DR.	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaiser, William	
STREET ADDRESS	5300 S. Atlantic Ave	
CITY-ST-ZIP	New Smyrna Beach, FL 32169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trebus, Karen	
STREET ADDRESS	6044 Whispering Trees Lane	
CITY-ST-ZIP	Port Orange, FL 32125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: _____ **4.7.06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #