
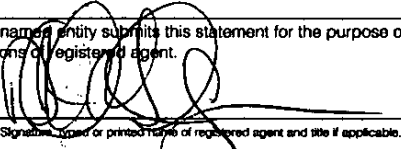



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90016 027 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7039715		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHILLINGER, DAVID R 4244 PENNINSULA AVE WILBUR BY THE SEA, FL 32127		Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) <u>1925 S. Atlantic, Ave. 205</u> City <u>Daytona Beach</u> FL Zip Code <u>32118-5005</u>	
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 		DAVID SCHILLINGER <u>7.6.08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEISER, WM	NAME	<u>Kaiser, WM</u> <u>correction spelling</u>
STREET ADDRESS	5300 S. ATLANTIC AVE	STREET ADDRESS	<u>Same</u>
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEND, KEVIN	NAME	
STREET ADDRESS	128 GULL DR SO	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNSALLUS, RICHARD	NAME	
STREET ADDRESS	31 SILKMoss COURT	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREBUS, KAREN	NAME	<u>SD MORIN, Russell</u>
STREET ADDRESS	6044 WHISPERING TREES LN	STREET ADDRESS	<u>1156 Viking Dr.</u>
CITY-ST-ZIP	DAYTONA BEACH, FL 32125	CITY-ST-ZIP	<u>Port Orange, FL 32129</u>
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	
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: 		R.D. GUNSALLUS <u>7-7-08</u> <u>386-7676542</u> <small>Signature and Typed or Printed Name of Signing Officer or Director</small>	
		<small>Date Daytime Phone #</small>	

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