# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 27, 2005**
**Secretary of State**

DOCUMENT# 731712

**Entity Name:** LATVIAN EV.-LUTHERAN CONGREGATION OF ST. PETERSBURG AND VICINITY, INC.

**Current Principal Place of Business:**

3209 WEST MARITANA DR.
SAINT PETERSBURG, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

3209 WEST MARITANA DR.
SAINT PETERSBURG, FL 33706 US

**New Mailing Address:**

**FEI Number: 59-2161136** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

NORBERGS, AIJA
3209 WEST MAIRTANA DR.
SAINT PETERSBURG, FL 33706 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: PCD ( ) Delete
Name: NORBERGS, AIJA
Address: 3209 WEST MARITANA DR.
City-St-Zip: ST PETE BEACH, FL 33706

Title: VD ( ) Delete
Name: RITUMS, JANIS
Address: 24047 TURTLEROCK CT.
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete
Name: RITUMS, ANDRIS I
Address: 2862 WEATHERSFIELD CT.
City-St-Zip: CLEARWATER, FL 33761

Title: SD ( ) Delete
Name: BUBELIS, ILONA
Address: 520 71ST AVE,. APT. 2
City-St-Zip: SAINT PETERSBURG, FL 33706

**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:

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: AIJA NORBERGS PCD 01/27/2005

Electronic Signature of Signing Officer or Director — Date