


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 767713</b>	
1. Entity Name <b>MESSIAH LUTHERAN CHURCH, INC. (MISSOURI SYNOD)</b>	

Principal Place of Business 14920 HUTCHINSON ROAD TAMPA, FL 33688	Mailing Address 14920 HUTCHINSON ROAD TAMPA, FL 33688
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**DO NOT WRITE IN THIS SPACE**



04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2258240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GUELZOW, JAMES R. (REV)  
 5513 RAVEN COURT  
 TAMPA, FL 33625

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAFT, C.J. 17018 WINNERS CIRCLE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROOKS, MAUREEN 14535 BRUCE B. DOWNS BLVD TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD SCHEIMANN, MARK 1032 SYLVIA LANE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000139356  
 04/29/04-80118-013-61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Anne Hanto Anne Hanto, Treasurer 04/27/04 813-961-2182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #