

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012318

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** CARING CHRIST LUTHERAN CHURCH, INC.

**Current Principal Place of Business:**

10122 RINGLING STREET  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

10122 RINGLING STREET  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

P.O. BOX 905  
NEW PORT RICHEY, FL 34656

**FEI Number:** 75-3228561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HEISS, BRENDA LEE  
9206 MEADOWMONT COURT  
TAMPA, FL 33626 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: P ( ) Delete  
Name: TROUT, GARY  
Address: 2673 CLUBHOUSE DRIVE  
City-St-Zip: CLEARWATER, FL 33761

Title: VP ( ) Delete  
Name: DEREVJANIK, CINDY  
Address: 29454 CROSSLAND DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: S ( ) Delete  
Name: MORGAN, JANELLE  
Address: 12511 BAY BRANCH CT  
City-St-Zip: TAMPA, FL 33635

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES (X) Change ( ) Addition  
Name: GRISWOLD, MARY  
Address: 2066 SUNSET POINT ROAD #92  
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CINDY DEREVJANIK

VP

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date