

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90022 048 ****61.25

DOCUMENT # N06736

1. Entity Name

**FOREST OAKS LUTHERAN CHURCH OF SPRING HILL,
FLORIDA, INC.**



Principal Place of Business

**8555 FOREST OAKS BLVD.
SPRING HILL FL 34606**

Mailing Address

**8555 FOREST OAKS BLVD.
SPRING HILL FL 34606**

44003437



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2383020

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ELLIS, GERHART
3088 WHISPERING PINES CT
SPRING HILL FL 34606**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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
NAME ELLIS, GERHART
STREET ADDRESS 3088 WHISPERING PINES CT
CITY-ST-ZIP SPRING HILL FL 34606 ☒ Delete

TITLE TD
NAME MIELKE, DONALD
STREET ADDRESS 8085 SUMMERSONG CT
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

TITLE TD
NAME REUTER, HANK
STREET ADDRESS 10107 LORETTO ST.
CITY-ST-ZIP SPRING HILL FL ☐ Delete

TITLE SD
NAME DIACHUK, DORTHEA
STREET ADDRESS 5333 FORENTINE CT
CITY-ST-ZIP SPRING HILL FL 34603 ☒ Delete

TITLE VD
NAME SABO, DONALD
STREET ADDRESS 4486 GASTON ST
CITY-ST-ZIP SPRING HILL FL 34607 ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Robert Krause
STREET ADDRESS 2616 Hidden Pines Dr
CITY-ST-ZIP Spring Hill, FL 34606

TITLE VD ☐ Change ☒ Addition
NAME Jim Arndt
STREET ADDRESS 7281 Blue Skies Dr
CITY-ST-ZIP Spring Hill, FL 34606

TITLE SD ☒ Change ☒ Addition
NAME Walt Neumann
STREET ADDRESS 4133 Glade Rd
CITY-ST-ZIP Spring Hill, FL 34606 ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Don Mielke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-04