

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90022 002 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

7. Name and Address of New Registered Agent

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

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KRAUSE, ROBERT
STREET ADDRESS 2616 HIDDEN PINES DR
CITY-ST-ZIP SPRING HILL FL 34606

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

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

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

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

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

TITLE VD ☒ Delete
NAME ARNDT, JIM
STREET ADDRESS 7281 BLUE SKIES DR
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☒ Change ☐ Addition
NAME MR. RONALD STAMER
STREET ADDRESS 2275 COUNTRY RIDGE LN
CITY-ST-ZIP SPRING HILL FL 34606

TITLE SD ☒ Delete
NAME NEUMANN, WALT
STREET ADDRESS 4133 GLADE RD
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☒ Change ☐ Addition
NAME MR. ARTHUR WISENER
STREET ADDRESS 8381 WARBLER RD
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☐ Delete
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:

Arthur Wisener

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/5 352 683-9731