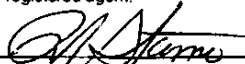


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

02-22-2007 90023 040 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2383020	
Country		Country		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 Now Registered Agent Name RON STAMER Street Address (P.O. Box Number is Not Acceptable) 2275 COUNTRY RIDGE LANE City SPRING HILL FL 34606	
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 fee 1 applicable		RON STAMER (NOTE: Registered Agent signature required when replacing)		3/29/07 DATE	
FILE NOW: FEE IS \$61.25 Due By: May 1, 2007		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 NAME STREET ADDRESS CITY ST ZIP	PD STAMER, RON 2275 COUNTRY RIDGE LN SPRING HILL FL 34606 PRESIDENT	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD MIELKE, DONALD 8085 SUMMERSONG CT SPRING HILL FL 34606 TREASURER	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD STAMER, BARB 2275 COUNTRYRIDGE LN SPRING HILL FL 34606 FINANCIAL SECRETARY	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD WRIGHT, ED 2406 GALAGHER AVE. SPRING HILL FL 34606 VICE PRESIDENT	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	SD WIESENER, ARTHUR 8381 WARBLER RD BROOKSVILLE FL 34613	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DAN PRESSLER P.O. BOX 5935 SPRING HILL, FL 34611-5935 (SECRETARY)	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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			4-13-07 Date		
352 683-9731 Daytime Phone #					