2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90091 027 ****61.25

DOCUMENT # P15042

1. Entity Name
FLORIDA-BAHAMAS SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA, INC.

Principal Place of Business	Mailing Address
3838 W CYPRESS STREET TAMPA, FL 33607-4897	3838 W CYPRESS STREET TAMPA, FL 33607-4897

DO NOT WRITE IN THIS SPACE

01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
36-3514266
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YESSE, WILLIAM
3838 W. CYPRESS STREET
TAMPA, FL 33607

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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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENOWAY, REV. EDWARD R BISHOP
STREET ADDRESS	3838 W CYPRESS
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	S
NAME	YESSE, REV. WILLIAM
STREET ADDRESS	3838 W CYPRESS ST.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	T
NAME	JOHNSON, JERRY
STREET ADDRESS	3838 WEST CYPRESS
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	VP
NAME	HORNE, BILL
STREET ADDRESS	3838 W CYPRESS
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR