
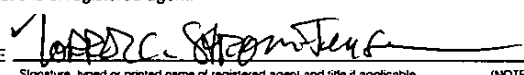
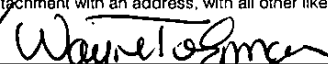


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90003 034 ****61.25

DOCUMENT # 706096 1. Entity Name ST. PAUL LUTHERAN CHURCH OF TAMPA FLORIDA, INC.					
Principal Place of Business 5103 N CENTRAL AVE TAMPA, FL 33603-2215 US			Mailing Address 5103 N CENTRAL AVE TAMPA, FL 33603-2215 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0914077	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PHILLIPS, RANDY 5107 N. CENTRAL AVE TAMPA, FL 33603-231				7. Name and Address of New Registered Agent Name Lorrel C. Strom-Jensen Street Address (P.O. Box Number is Not Acceptable) 5107 N. Central Ave City Tampa FL 33603	
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 08-12-05	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD FRITZ, CHRISTINA 210 W. GENESEE ST. TAMPA, FL 336033631	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PHILLIPS, RANDY 14709 CROYDON PL TAMPA, FL 336182160	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, EDWINA F 11745 GAIL DR TAMPA, FL 336171807	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELACH, ANN 5405 N SEMINOLE AVE TAMPA, FL 336047047	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O COX, LINDA 5606 N HABANA AVE TAMPA, FL 336146064	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOW, ADRIAN 23718 LAKEHILLS DR LUTZ, FL 335596761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Wayne Tolzman 312 W. Chelsea Tampa FL 33604.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O Margaret Tillis 406 Bellechase Crc Tampa FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/O Natalie Benham 5816 N. 17th St Tampa FL 33610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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:  Wayne Tolzman, President 8/9/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					