

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700634

FILED
Jan 05, 2006
Secretary of State

Entity Name: NORTHDALE EVANGELICAL LUTHERAN CHURCH AND SCHOOL, INC.

Current Principal Place of Business:

15709 MAPLEDALE BLVD.
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

15709 MAPLEDALE BLVD.
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 59-2379252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTWIG, DAVID W
12004 MIDDLEBURY DR
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARTWIG, DAVID
Address: 12004 MIDDLEBURY DR.
City-St-Zip: TAMPA, FL 33626

Title: VD () Delete
Name: LANGE, KEN
Address: 6904 ARABIAN RD
City-St-Zip: TAMPA, FL 33556

Title: SD () Delete
Name: ORRIE, ANDERSON
Address: 21805 OCEAN PINES DR.
City-St-Zip: LAND-O-LAKES, FL

Title: SD () Delete
Name: ROBERTS, CHRIS
Address: 5244 MAPPLEBROOK WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID HARTWIG

PD

01/05/2006

Electronic Signature of Signing Officer or Director

Date