## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2007 8:00 am Secretary of State

04-24-2007 90017 006 \*\*\*\*61.25

DOC	JMEI	NT#	701	1737

Principal Place of Business

SIGNATURE: \_

1. Entity Name
PRINCE OF PEACE EVANGELICAL LUTHERAN CHURCH
OF PINELLAS COUNTY, FLORIDA INC



455 MISSOURI AVENUE 455 MISSOURI AVENUE LARGO, FL 33770 US LARGO, FL 33770 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mailing Address

40079371

Suite, Apt. #, etc. St		uite, Apt. #, etc.			02082007	Chg-NP	CR2E	E037 (12/ <b>0</b> 6)				
City & State Ci		ty & State			4. FEI Number 23-70298	329			Applied For			
Zip		Country	Ziş	)	Country		-	5. Certificate of	Status Desired	d 🔲	\$8.75 Ac	dditional
	6. Name	and Address of Curre	nt Registere	d Agent				7. Name and Address of New Registered Agent				
The state of the s					Name							
HARDER, STEFANIE 35 ESTUARY TRAIL CLEARWAȚER, FL 33759						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 .	<del>\</del>	or printed name of registered age	est and tills of ann	Bookle (NOTS)	On mintered	1 Agent sisses		d when reinstating)		-/2 -	200/	
	Signature Typeo	or printed have or registered ago	епсалозие и арр	ilicabie. (NOTE: F	registered	a Ageni signa	ture require	o when reinstating)		DATE	<u>.</u>	
Filing 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.	في ٠	OFFICERS AND	DIRECTORS		11.			ADDITIONS/CHAN	GES TO OFFI	CERS AND	DIRECTORS I	N 10
TITLE .	PD			Delete	TITLE		PD				Change	☐ Addition
NAME	SANDEEN	N, JOHN			NAME		KE	VT ZOLL 8th Str	ER		,	
STREET ADDRESS	2300 KEN	IT DR S			STREE	ET ADDRESS	101	1.4ir Be	.ee+-	<b></b> .		
CITY-ST-ZIP	LARGO, F	L 33774			CITY-	ST-ZIP	BeL	LAIR Be	ach, F	·L 3	3786	
TITLE	SD			☐ Delete	TITLE						☐ Change	☐ Addition
NAME	RILEY, DE	EBRA		NAME								
STREET ADDRESS		E STREET				ET ADDRESS						
CITY-ST-ZIP	CLEARW	ATER, FL 33763			CITY-	ST-ZIP	l					
TITLE	ATD			<b>☑</b> Delete	TITLE						☐ Change	☐ Addition
NAME	ME HARDER, STEFANIE			NAME								
STREET ADDRESS	STREET ADDRESS 35 ESTUARY TRAIL					ET ADDRESS						
CITY-ST-ZIP	CLEARW	ATER, FL 33759			CITY-	ST-ZIP						
TITLE	TD			Delete	TITLE		71	)			Change     Ch	☐ Addition
NAME	BOSSO, 1	ródd		•	NAME		Ste	tanie H	ARDER	-		
STREET ADDRESS	1242 MAF	RKLEY DR			STREE	ET ADDRESS	35	ESTUAR	LY TRI	4. L		
CITY-ST-ZIP	LARGO, F	L 33770			CITY-	ST-ZIP	CI	tanie H Estuar earwater	e, FL	337.	5-9	
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME	l				NAME							
STREET ADDRESS					STREE	ET ADDRESS						
City-St-Zip					CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME	1				NAME							
STREET ADDRESS						T ADORESS						
CITY-ST-ZIP						ST-ZIP			.,			
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.												