

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-02-2006 90002 041 ****70.00

DOCUMENT # 702918 1. Entity Name RESURRECTION EVANGELICAL LUTHERAN CHURCH OF AVON PARK, FLORIDA					
Principal Place of Business MAIN ST. AT HIGHLAND AVE. AVON PARK, FL 33826-0387 US			Mailing Address P.O. BOX 387 AVON PARK, FL 33826-0387 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3754975				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LONG, RICHARD E 131 W LAKE TROUT DR AVON PARK, FL 33825			Name 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$61.25 Due by September 6, 2006		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	PD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	KOHLER, BERT		NAME	ZIMMER, JERRY	
STREET ADDRESS	1521 WILLOW DALE		STREET ADDRESS	5744 HAMPTON WOODS BLVD.	
CITY-ST-ZIP	SEBRING, FL 33782		CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	VD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	WILLCOX, PAUL		NAME		
STREET ADDRESS	3128 S. COUNTRY CLUB DR.		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 338253956		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHRAMM, BERNARD		NAME		
STREET ADDRESS	410 ENTRADA		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33875		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LONG, RE		NAME		
STREET ADDRESS	131 W LAKE TROUT DR		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-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.					
SIGNATURE: <i>RE Long</i> 8/9/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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