2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 05, 2007 8:00 am Secretary of State

DOCUMENT # 703256 1. Entity Name HOLY TRINITY LUTHERAN CHURCH OF PORT CHARLOTTE, INC.					03-05-2007 90056 018 ****61.25					
Principal Place of Business 2565 TAMIAMI TRAIL PORT CHARLOTTE, FL 33952		Mailing Address 2565 TAMIAMI TRAIL PORT CHARLOTTE, FL 3	3952							
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address		ļ		8138	816 8184 81 9 8 8188 81	IBM BIBII BIBI	4 6 4 6	
Suite, Apt. #, etc.		Suite, Apt. #, etc			02102007	Chg-NP	CR2E037	(12/06)		
City & State		City & State			4. FEI Number 59-1439				plied For t Applicable	
Zip Country		Zip	Country	5. Certificate of Status Desired \$8.75 Addition Fee Required			itional			
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Age		u j	
				Name LISA STREWICH						
EZELL, GREGORY K 590 PORT BENORES DRIVE PUNTA GORDA, FL 33950				Street Address (P.O. Box Number is Not Acceptable)						
PUNTAGO	ORDA, FL 33990		3	109	Lema	Lan	<u> </u>			
			City N	ortl	1 Pont		FL	Zip Code	286	
	named entity submits this statement follows of registered agent.	or the purpose of changing its r		•	<u> </u>	, in the State of	Florida. I am fan			
SIGNATURE Signature, Typed or printed risene of registered agent and little & applicable. (NOTE: Registered Agent signature required when renistating) DATE										
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signatur	re required					,	
	Signature typed or critical harve of registered agen Filling Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing			FI		-	.	
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12. Thereby 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: Del Carlow Neil F. Carlson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-629-4831