

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 703256**

1. Entity Name  
**HOLY TRINITY LUTHERAN CHURCH OF PORT  
CHARLOTTE, INC.**



Principal Place of Business  
**2565 TAMiami TRAIL  
PORT CHARLOTTE, FL 33952**

Mailing Address  
**2565 TAMiami TRAIL  
PORT CHARLOTTE, FL 33952**



01152008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1439248**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**STREMICH, LISA  
3109 LEMAY LANE  
NORTH PORT, FL 34286**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000791512  
01/23/08-80078-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	TT
NAME	CARLSON, NEIL
STREET ADDRESS	11320 SW ESSEX DR.
CITY-ST-ZIP	LAKE SUZY, FL 34269
TITLE	ST
NAME	DORMANN, CAROL
STREET ADDRESS	1129 LIVE OAK CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	P
NAME	STREMICH, LISA
STREET ADDRESS	3109 LEMAY LN
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	VT
NAME	DIJIROLANIO, BILL
STREET ADDRESS	5277 GRAND PALMETTO WAY
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Neil Carlson* **Neil Carlson**

*1/18/08*

*941-629-4831*