

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90412 032 ****70.00

DOCUMENT # 703551

1. Entity Name
ZION EVANGELICAL LUTHERAN CHURCH INC



Principal Place of Business
**9768 GOTH RD
GOTHA, FL 34734-0665**

Mailing Address
**1125 HEMPLE AVENUE
P.O BOX 665
GOTHA, FL 34734-0665**

50012843



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-0910357

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FISCHER, EVERETTE
131 MAGNOLIA ST
WINDERMERE, FL 34786**

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

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, 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

TITLE **P** ☐ Delete
NAME **FISCHER, EVERETTE**
STREET ADDRESS **131 MAGNOLIA STREET**
CITY- ST- ZIP **WINDERMERE, FL 34786**

TITLE **VP** ☐ Delete
NAME **SWYRYN, MICHAEL**
STREET ADDRESS **1719 MAPLE LEAF DRIVE**
CITY- ST- ZIP **WINDERMERE, FL 34786**

TITLE **T** ☐ Delete
NAME **HERSEE, ERVIN**
STREET ADDRESS **613 N HART BLVD**
CITY- ST- ZIP **ORLANDO, FL 328186833**

TITLE **S** ☐ Delete
NAME **DION, SANDRA**
STREET ADDRESS **5001 SAWDUST CR**
CITY- ST- ZIP **OCOE, FL 347618450**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Ervin W. Hersee**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERVIN W. HERSEE
TREASURER

4/13/06
Date

407-293-9199
Daytime Phone #