2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State
01-18-2007 90093 015 ****70.00

DOCUMENT # 703551

1. Entity Name
ZION EVANGELICAL LUTHERAN CHURCH INC

Principal Place of Business	Mailing Address
9768 GOTHA RD GOTHA, FL 34734-0665	1125 HEMPLE AVENUE P.O BOX 665 GOTHA, FL 34734-0665

01102007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0910357 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FISCHER, EVERETTE
131 MAGNOLIA ST
WINDERMERE, FL 34786

7. Name and Address of New Registered Agent

Name PHILIP ZACCAGNINI
Street Address (P.O. Box Number is Not Acceptable)
1312 SADDLERIDGE Dr.
City ORLANDO **FL** Zip Code 32835

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 Philip Zaccagnini 1-14-07
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, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FISCHER, EVERETTE 131 MAGNOLIA STREET WINDERMERE, FL 34786	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PHILLIP ZACCAGNINI 1312 SADDLERIDGE DR. ORLANDO FL 32835	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SWYRYN, MICHAEL 1719 MAPLE LEAF DRIVE WINDERMERE, FL 34786	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRIAN BROSNAHAN 317 CARDIFF AVE. DAVENPORT, FL 33897	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HERSEE, ERVIN 613 N HART BLVD ORLANDO, FL 328186833	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DION, SANDRA 5001 SAWDUST CR OCOEE, FL 347618450	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HEATHER, SNELLER 1095 TURNBUCKLE CT. OCOEE FL. 34761	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 ERVIN W. HERSEE TREASURER 1-15-2007 407-293-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #