

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 703551 1. Entity Name ZION EVANGELICAL LUTHERAN CHURCH INC					
Principal Place of Business 9768 GOTHARD RD GOTHA FL 34734-0665				Mailing Address 1125 HEMPLE AVENUE P.O BOX 665 GOTHA FL 34734-0665	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0910357	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZACCAGNINI, PHILIP 1312 SADDLERIDGE DR ORLANDO FL 32835				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 ZACCAGNINI, PHILLIP 1312 SADDLERIDGE DR ORLANDO FL 32835			☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BROSNAHAN, BRIAN 317 CARDIFF AVE DAVENPORT FL 33897			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HERSEE, ERVIN 613 N HART BLVD ORLANDO FL 32818-6833			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HEATHER, SNELLER 1095 TURN BUCKLE CT OCFEE FL 34761			☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			☐ Change ☐ Addition	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 **TREASURER ERVIN W. HERSEE 4-29-08 407-293-9199**