

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703551

FILED
May 11, 2009
Secretary of State

Entity Name: ZION EVANGELICAL LUTHERAN CHURCH INC

Current Principal Place of Business:

9768 GOTHARD
GOTHA, FL 347340665

New Principal Place of Business:

Current Mailing Address:

1125 HEMPLE AVENUE
P.O BOX 665
GOTHA, FL 347340665

New Mailing Address:

FEI Number: 59-0910357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ZACCAGNINI, PHILIP
1312 SADDLERIDGE DR
ORLANDO, FL 32835 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZACCAGNINI, PHILLIP
Address: 1312 SADDLERIDGE DR
City-St-Zip: ORLANDO, FL 32835

Title: VP () Delete
Name: BROSNAHAN, BRIAN
Address: 317 CARDIFF AVE
City-St-Zip: DAVENPORT, FL 33897

Title: T () Delete
Name: HERSEE, ERVIN
Address: 613 N HART BLVD
City-St-Zip: ORLANDO, FL 328186833

Title: S () Delete
Name: HEATHER, SNELLER
Address: 1095 TURN BUCKLE CT
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP ZACCAGNINI

P

05/11/2009

Electronic Signature of Signing Officer or Director

Date