

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90057 050 ****61.25

DOCUMENT # 704698

1. Entity Name
**ST. MATTHEW EVANGELICAL LUTHERAN CHURCH,
INCORPORATED**



Principal Place of Business
**5601 HANLEY ROAD
TAMPA, FL 33634**

Mailing Address
**5601 HANLEY ROAD
TAMPA, FL 33634**

50009551



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1263978

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

**HUDSPITH, ALLAN
9201 BRINDLEWOOD DR.
ODESSA, FL 33556**

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, 2005**

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 **P** ☒ Delete
NAME **EKARDT, DAVID**
STREET ADDRESS **8824 AUBURN WAY**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **President** ☒ Change ☐ Addition
NAME **MOST WILLIAM**
STREET ADDRESS **7103 HALIFAX CT**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **TT** ☐ Delete
NAME **DENGER, DAVID**
STREET ADDRESS **7523 CLEARVIEW DRIVE**
CITY-ST-ZIP **TAMPA, FL**

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

TITLE **S** ☒ Delete
NAME **HACKBARTH, SHANNON**
STREET ADDRESS **7900 LANDMARK PL**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **Secretary** ☒ Change ☐ Addition
NAME **MOST CATHY**
STREET ADDRESS **7103 HALIFAX CT**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **VP** ☒ Delete
NAME **MOST, WILLIAM**
STREET ADDRESS **7103 HALIFAX CT.**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **BEACH DAVID**
STREET ADDRESS **4171 Saltwater Blvd**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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: *David Denger* **David Denger**

28 Jan 2005

Date

Daytime Phone #

(813) 886-7812