

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90091 047 \*\*\*\*61.25

<b>DOCUMENT # 704698</b>					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1263978	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>William Most</u> Street Address (P.O. Box Number is Not Acceptable) <u>7103 Halifax CT</u> City <u>Tampa</u> <u>FL</u> Zip Code <u>33615</u>		
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 <u>William Most</u>		WILLIAM MOST		1/23/06	
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. <input type="checkbox"/>		\$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	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACH, DAVID		NAME		
STREET ADDRESS	4171 SALTWATER BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE	TT	<input checked="" type="checkbox"/> Delete	TITLE	TT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENGER, DAVID		NAME	BENNETT, FREDRICK	
STREET ADDRESS	7523 CLEARVIEW DRIVE		STREET ADDRESS	8825 WELLINGTON DR	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOST, CATHY		NAME		
STREET ADDRESS	7103 HALIFAX CT.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOST, WILLIAM		NAME		
STREET ADDRESS	7103 HALIFAX CT.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Fredrick L. Bennett</u>		FREDRICK L. BENNETT		3/8/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone # <u>813-249-7459</u>	