

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90215 015 ****61.50

DOCUMENT # 704698
 1. Entity Name
ST. MATTHEW EVANGELICAL LUTHERAN CHURCH, INCORPORATED



Principal Place of Business Mailing Address
5601 HANLEY ROAD 5601 HANLEY ROAD
TAMPA, FL 33634 TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1263978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOST, WILLIAM
7103 HALIFAX CT
TAMPA, FL 33615

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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)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEACH, DAVID 4171 SALTWATER BOULEVARD TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT BENNETT, FREDRICK 8825 WELLINGTON DR TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOST, CATHY 7103 HALIFAX CT. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOST, WILLIAM 7103 HALIFAX CT. TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Fredrick L. Bennett **FREDRICK L. BENNETT** 4/9/07 (813)884-3097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #