


**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 5601 HANLEY ROAD TAMPA, FL 33634	Mailing Address 5601 HANLEY ROAD TAMPA, FL 33634	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MOST, WILLIAM 7103 HALIFAX CT TAMPA, FL 33615		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		
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 <u>4/9/07</u> <u>(813) 884-3097</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1263978

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**