

DOCUMENT # 705168

1. Entity Name

THE EVANGELICAL LUTHERAN CHURCH OF OUR SAVIOR, O

FILED  
Jan 12, 2001 8:00 am  
Secretary of State

01-12-2001 90025 048 \*\*\*\*61.25

Principal Place of Business Mailing Address  
301-58TH ST S / AUGSBURG CONFESSION OF ST PETERSBURG  
ST PETE FL 33707 301 58TH STREET SOUTH  
US ST PETERSBURG FLA 33707



DO NOT WRITE IN THIS SPACE

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 59-1156402 Applied For Not Applicable  
5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HEINTZEN, ERICH H.  
2080 DOLPHIN BLVD.  
ST. PETERSBURG FL 33707  
7. Name and Address of New Registered Agent  
Name COUCH, MARK  
Street Address (P.O. Box Number is Not Acceptable) 5887 27 AVE. N.  
City ST. PETERSBURG FL Zip Code 33710

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.  
SIGNATURE *Mark Couch* DATE 1/03/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25  
9. Election Campaign Financing Trust Fund Contribution. [ ] \$5.00 May Be Added to Fees  
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEASLEY, DONA 10205 3RD ST E TREASURE ISLAND FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAY THOMAS 5219 26 AVE. S. ST. PETE, FL. 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOESTER, WERNER 5701 LEELEND STREET SOUTH ST. PETE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, CHRIS 1111 JUNGLE AVE N ST PETE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIM RIORDAN 6219 11TH AVE. S. ST. PETE, FL. 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHULTZ, MATHILDA 1143 RUSSELL DR N ST. PETE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MATHILDA G. SCHULTZ* MATHILDA G. SCHULTZ 1/2/01 727-344-2684  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00615

CR2E037 (10/00)