2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705168

FILED Jan 07, 2004 Secretary of State

Entity Name: THE EVANGELICAL LUTHERAN CHURCH OF OUR SAVIOR, OF ST. PETERSBURG, FLORIDA,

INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

301-58TH ST S

ST PETE, FL 33707 ST PETERSBURG, FL 33707 US US

Current Mailing Address: New Mailing Address:

/ AUGSBURG CONFESSION OF ST PETERSBURG / AUGSBURG CONFESSION OF ST PETERSBURG

301 58TH STREET SOUTH 301 58TH STREET SOUTH ST PETERSBURG FLA, ST PETERSBURG, FL 33707

FEI Number: 59-1156402 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BACHERT, ALAN 1630 ROYAL PALM DR S **UNIT B** SAINT PETERSBURG, FL 33707

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete MIETZ, LYNN Name: Name:

270 JULIA CIRCLE Address: Address: City-St-Zip: SAINT PETERSBURG BEACH, FL 33706 City-St-Zip:

Title: PD () Delete Title: PD (X) Change () Addition

Name: KOESTER, WERNER Name: KOESTER, WERNER

Address: 5701 LEELAND STREET SOUTH Address: 5701 LEELAND STREET SOUTH City-St-Zip: ST. PETE, FL City-St-Zip: ST. PETERSBURG BEACH, FL 33706

Title: VD. () Delete Title: () Change () Addition

DABROSKI, DENNIS Name: Name: Address: 13840 TERN LANE Address: City-St-Zip: CLEARWATER, FL 33762 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

CROSMER, BECKY Name: Name: MOLDENHAUER, LINDA 6348 68TH LANE N. Address: 5896 27TH AVE N Address: City-St-Zip: SAINT PETERSBURG, FL 33710 City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WERNER KOESTER PD 01/07/2004