

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90099 045 ****61.25

DOCUMENT # 705168



1. Entity Name
**THE EVANGELICAL LUTHERAN CHURCH OF OUR SAVIOR, O
F ST. PETERSBURG, FLORIDA, INCORPORATED**

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1156402		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIETZ, LYNN		NAME		
STREET ADDRESS	270 JULIA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG BEACH FL 33706		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOESTER, WERNER		NAME		
STREET ADDRESS	5701 LELAND STREET SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETE FL		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIORDAN, TIM		NAME	DABROSKI, DENNIS	
STREET ADDRESS	6219 11TH AVE S.		STREET ADDRESS	13840 TEAL LANE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707		CITY-ST-ZIP	CLEARWATER, FLORIDA 33762	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSMER, BECKY		NAME		
STREET ADDRESS	5896 27TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33710		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 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: *[Signature]*

2/19/03 - 727-344-7684

CR2E037 (10/02)