

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706096

FILED
May 05, 2004
Secretary of State

Entity Name: ST. PAUL LUTHERAN CHURCH OF TAMPA FLORIDA, INC.

Current Principal Place of Business:

5103 N CENTRAL AVE
TAMPA, FL 336032215 US

New Principal Place of Business:

Current Mailing Address:

5103 N CENTRAL AVE
TAMPA, FL 336032215 US

New Mailing Address:

FEI Number: 59-0914077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, RANDY
5107 N. CENTRAL AVE
TAMPA, FL 33603-231 US

Name and Address of New Registered Agent:

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:

Title: TD () Delete
Name: FRITZ, CHRISTINA
Address: 210 W. GENESEE ST.
City-St-Zip: TAMPA, FL 336033631 US

Title: PD () Delete
Name: PHILLIPS, RANDY
Address: 14709 CROYDON PL
City-St-Zip: TAMPA, FL 336182160 US

Title: VD () Delete
Name: CLARK, EDWINA F
Address: 11745 GAIL DR
City-St-Zip: TAMPA, FL 336171807 US

Title: SD () Delete
Name: DELACH, ANN
Address: 5405 N SEMINOLE AVE
City-St-Zip: TAMPA, FL 336047047 US

Title: D () Delete
Name: COX, LINDA
Address: 5606 N HABANA AVE
City-St-Zip: TAMPA, FL 336146064 US

Title: D () Delete
Name: SNOW, ADRIAN
Address: 23718 LAKEHILLS DR
City-St-Zip: LUTZ, FL 335596761 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTINA FRITZ

TREA

05/05/2004

Electronic Signature of Signing Officer or Director

Date