

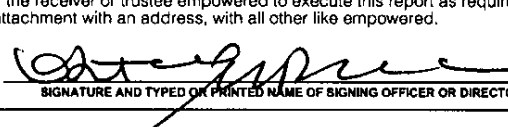


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90016 028 ****61.25

DOCUMENT # 706096 1. Entity Name ST. PAUL LUTHERAN CHURCH OF TAMPA FLORIDA, INC.					
Principal Place of Business 5103 N CENTRAL AVE TAMPA, FL 33603-2215 US			Mailing Address 5103 N CENTRAL AVE TAMPA, FL 33603-2215 US		
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 59-0914077	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STROM-JENSEN, LORREL 5107 N CENTRAL AVE TAMPA, FL 33603			7. Name and Address of New Registered Agent Name Natalie Benham Street Address (P.O. Box Number is Not Acceptable) 5816 N. 17th Street City Tampa FL 33610		
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  Natalie Benham <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 6/30/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	FRITZ, CHRISTINA		NAME		
STREET ADDRESS	210 W. GENESEE ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336033631		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	vp & Dir <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOLZMAN, WAYNE		NAME		
STREET ADDRESS	312 W CHELSEA		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33604		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIS, MARGARET		NAME		
STREET ADDRESS	406 BELLECHASE DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Pres & Dire <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENHAM, NATALIE		NAME		
STREET ADDRESS	5816 N 17TH ST		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33610		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COX, LINDA		NAME		
STREET ADDRESS	5606 N HABANA AVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336146064		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNOW, ADRIAN		NAME		
STREET ADDRESS	23718 LAKEHILLS DR		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 335596761		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:  Natalie Benham President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 6/30/06 Daytime Phone # 813.490.5450		