2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706096

FILED Mar 21, 2009 Secretary of State

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

| Current Principal Place of Business: | | New Principal Place of Business: |
|---|--|--|
| | ENTRAL AVE L 336032215 US | |
| Current M | NTRAL AVE . 336032215 US ailing Address: NTRAL AVE . 336032215 US 59-0914077 FEI Number Applied For () Address of Current Registered Agent: RISTINA NESEE ST 33603 US named entity submits this statement for the p of Florida. RE: Electronic Signature of Registered Age 5 AND DIRECTORS: DVP () Delete FRITZ, CHRISTINA 210 W. GENESEE ST. TAMPA, FL 336033631 US DT () Delete ZEMAN, WILL 6208 N 9TH STREET TAMPA, FL 33604 US PD () Delete BENHAM, NATALIE 5816 N 17TH ST TAMPA, FL 33610 US D () Delete COX, LINDA 5606 N HABANA AVE | New Mailing Address: |
| | ENTRAL AVE EL 336032215 US | |
| FEI Number | : 59-0914077 FEI Number Applied For | () FEI Number Not Applicable () Certificate of Status Desired () |
| Name and | d Address of Current Registered Age | ent: Name and Address of New Registered Agent: |
| FRITZ, CH 210 W GE TAMPA, F | NESEE ST. | |
| | e named entity submits this statement fo e of Florida. | or the purpose of changing its registered office or registered agent, or both, |
| SIGNATU | RE: | |
| | Electronic Signature of Register | ed Agent Date |
| OFFICER | S AND DIRECTORS: | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO |
| Title: Name: Address: City-St-Zip: | FRITZ, CHRISTINA 210 W. GENESEE ST. | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | ZEMAN, WILL 6208 N 9TH STREET | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | BENHAM, NATÁLIE 5816 N 17TH ST | Title: () Change () Addition Name: Address: City-St-Zip: |
| Title: Name: Address: City-St-Zip: | COX, LINDA | Title: () Change () Addition Name: Address: City-St-Zip: |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 PRES 03/21/2009