


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90042 030 ****61.25

DOCUMENT # 709097					
1. Entity Name CHRIST LUTHERAN CHURCH INC. OF ENGLEWOOD, FLORIDA					
Principal Place of Business 701 N INDIANA AVENUE ENGLEWOOD, FL 34223			Mailing Address 701 N INDIANA AVENUE ENGLEWOOD, FL 34223		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				4. FEI Number 59-2416539	
STURROCK, JOHN A 1501 BEACH RD 209 ENGLEWOOD, FL 34223				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				CR2E037 (10/03)	
Name				57112005 Chg-NP	
Street Address (P.O. Box Number is Not Acceptable)				CR2E037 (10/03)	
City				FL	
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.				Zip Code	
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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	STURROCK, JOHN A		NAME		
STREET ADDRESS	1501 BEACH ROAD, 209		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RONEY, KENNETH		NAME		
STREET ADDRESS	232 TASMANIA AVE		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COTTON, RICHARD		NAME		
STREET ADDRESS	8243 LAKESIDE DR		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SODERSTROM, KENNETH		NAME		
STREET ADDRESS	518 DOVER DR. S.		STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34223		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 1,19.07(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: <i>John A. Sturrock</i>			JOHN A. STURROCK		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/28/05		
			Daytime Phone #: 941-475-2175		

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