## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 05, 2007 8:00 am Secretary of State

		the same						ny or Su	ucc
DOCUMENT # 709588  1. Entity Name LUTHERAN CHURCH OF THE CROSS, INC. OF ST. PETERSBURG, FLORIDA								90064 027 ****6	
Principal Plac 4545 CHANC ST PETERSB	ELLOR STRE	ET	Mailing Address 4545 CHANCELLOR ST PETERSBURG, FL			]	600206		
2. Principal P	Place of Busin	ess - No P.O. Box #	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc. Suite			Suite, Apt. #, etc.	Suite, Apt. #, etc.		02152007 <sub>(</sub>	Chg-NP	CR2E037 (12/06)	
City & State			City & State	City & State		4. FEI Number 59-11164	29	F-+-	Applied For
Zip		Country	Zip	Country		5. Certificate of	Status Desired	S8.75 A	dditional
	6. Name	and Address of Current R	egistered Agent			7. Name and Ad	Idress of New I	Registered Agent	
					Name & A S A A A A A A A A A A A A A A A A A				
OLSEN, MARCIA L 1920 MASSACHUSETTS AVE NE SAINT PETERSBURG, FL 33703				St	Streep Address (P.C. Box Number is No. Acceptable)  937 She Island NE				
SAINTPE	TERSBUR	G, FL 33703			401	2116211 1	<u>-51€ 12"</u>	<u> </u>	
The above named entity submits this statement for the purpose of changing				্ব	St Pete	+ Petersburg FL 33704			
the obligat	tion of regist	ered agent.					_	-20-07	., апо ассері
Filing Fee is \$61.25 Due by May 1, 2007			to title il applicable. (i	NOTE: Registered Ager	nt signature required	d when reinstating)		DATE	
	-		9. Election (	Campaign Finan		\$5.00 May Be Added to Fees	1	Make check payable	
10.	-		9, Election ( Trust Fur	Campaign Finan	cing	\$5.00 May Be Added to Fees	Flo	Make check payable rida Department of	State
TITLE NAME	P OLSEN, M	OFFICERS AND DIRI	9, Election ( Trust Fur	Campaign Finan and Contribution.  11.  TITLE NAME	cing	\$5.00 May Be Added to Fees ADDITIONS/CHAN-	Flo GES TO OFFICE Musset	Make check payable rida Department of ERS AND DIRECTORS	State
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TITLE NAME STREET ADDRESS	P OLSEN, M 1920 MAS SAINT PE TD WALKER, 2041 IOW	OFFICERS AND DIRI OFFICERS AND DIRI MARCIA SSACHESETTS AVE TERSBURG, FL 33703	9. Election of Trust Fundament Funda	Campaign Finan ad Contribution.  11.  TITLE NAME STREET ADI	DRESS ORESS ORESS ORESS ORESS ORESS ORESS	\$5.00 May Be Added to Fees ADDITIONS/CHAN- Chard E. I Retersburg Maine	FIGES TO OFFICE Musset De PINI GEL 3: III	Make check payable rida Department of ERS AND DIRECTORS Change 370.3	State N 10
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: \_

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07 (-121)328-7717