


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-05-2007 90064 027 ****61.25

DOCUMENT # 709588

1. Entity Name
LUTHERAN CHURCH OF THE CROSS, INC. OF ST. PETERSBURG, FLORIDA



Principal Place of Business
**4545 CHANCELLOR STREET
 ST PETERSBURG, FL 33703**

Mailing Address
**4545 CHANCELLOR STREET
 ST PETERSBURG, FL 33703**

60020698



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02152007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1116429

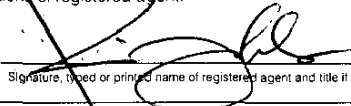
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**OLSEN, MARCIA L
 1920 MASSACHUSETTS AVE NE
 SAINT PETERSBURG, FL 33703**

7. Name and Address of New Registered Agent
 Name **Kevin D. Grubbs**
 Street Address (P.O. Box Number is Not Acceptable) **937 Snell Isle Blvd NE**
 City **St Petersburg** FL Zip Code **33704**

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  DATE **2-20-07**

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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, MARCIA		NAME	Richard E. Mussett	
STREET ADDRESS	1920 MASSACHUSETTS AVE		STREET ADDRESS	571 Quintara Pk NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703		CITY-ST-ZIP	St Petersburg FL 33703	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, HOLLY		NAME	Kari Mainelli	
STREET ADDRESS	2041 IOWA AVE. N.E.		STREET ADDRESS	1911 Iowa Ave NE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703		CITY-ST-ZIP	St Petersburg FL 33703	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUBBS, KEVIN D		NAME	Grubbs, Kevin D.	
STREET ADDRESS	937 SNELL ISLE BLVD NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704		CITY-ST-ZIP		
TITLE	FS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYLER, ALAN P		NAME		
STREET ADDRESS	1909 TANGLEWOOD DR NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		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 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:  DATE: **2-20-07** (727) 328-7717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #