


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90304 030 \*\*\*\*61.25

<b>DOCUMENT # 712478</b>		
1. Entity Name HOLY CROSS EVANGELICAL LUTHERAN CHURCH, INC.		

Principal Place of Business 724 BIG TREE ROAD SOUTH DAYTONA, FL 32119	Mailing Address 724 BIG TREE ROAD SOUTH DAYTONA, FL 32119
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**60024595**

04062006 Chg-NP CR2E037 (11/05)



4. FEI Number  
**23-7039715**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent
N SCHILLIAGER, DAVID R. 4244 PENNINSULA AVE WILBUR BY THE SEA, FL 32127

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	OEHME, BARBARA
STREET ADDRESS	3463 COUNTRY WALK DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	VPD <input checked="" type="checkbox"/> Delete
NAME	OEHME, BARBARA
STREET ADDRESS	3463 COUNTRY WALK DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32119
TITLE	TD <input type="checkbox"/> Delete
NAME	GUNSALLUS, RICHARD
STREET ADDRESS	31 SILKMOSS COURT
CITY-ST-ZIP	DAYTONA BEACH, FL 32119
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	SCHILLINGER, BONNIE
STREET ADDRESS	4244 PENNINSULA DR.
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kaiser, William
STREET ADDRESS	5300 S. Atlantic Ave
CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trebus, Karen
STREET ADDRESS	6044 Whispering Trees Lane
CITY-ST-ZIP	Port Orange, FL 32125
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:**  **4.7.06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #