

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90010 023 \*\*\*\*61.25

**DOCUMENT # 717576**

1. Entity Name

KING OF GLORY LUTHERAN CHURCH, INC.



Principal Place of Business

4820 FLORAMAR TERRACE  
NEW PORT RICHEY FL 34652  
US

Mailing Address

4820 FLORAMAR TER  
NEW PORT RICHEY FL 34652  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1665750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANIER, MILTON R  
9315 WHISPERING MEADOWS CT,  
NEW PORT RICHEY FL 34655

Name **SHARON BELLAK**

Street Address (P.O. Box Number is Not Acceptable)  
**1109 TOSKI DR**

City **TRINITY**

FL

Zip Code  
**34655**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 PD ☐ Delete  
NAME **BELLAK, SHARON**  
STREET ADDRESS **1109 TOSKI DR.**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☒ Change ☐ Addition  
NAME **BELLAK, SHARON**  
STREET ADDRESS **TRINITY FL 34655**  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME **LARSON, Nanci**  
STREET ADDRESS **5510 CLIPPER CT**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME **HARNED, FRANK JR.**  
STREET ADDRESS **5802 ELKHORN BLVD.**  
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE ☐ Change ☒ Addition  
NAME **APPELL, RAYNOR**  
STREET ADDRESS **5719 MOSSBERG DR.**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE TD ☐ Delete  
NAME **HARGREAVES, DARRELL**  
STREET ADDRESS **4227 TOUCHTON PLACE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4118 GRAYTON DRIVE**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR