

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90425 036 ****70.00

DOCUMENT # 720001 1. Entity Name HOLY CROSS EVANGELICAL LUTHERAN CHURCH, INC., OF SPRING HILL, FLORIDA					
Principal Place of Business 6193 SPRING HILL DRIVE SPRING HILL FL 34606		Mailing Address 6193 SPRING HILL DRIVE SPRING HILL FL 34606			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-1346091		
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARRETT, RONALD P 6193 SPRING HILL DRIVE SPRING HILL FL 34606			7. Name and Address of New Registered Agent Name Schroeder, Philip Street Address (P.O. Box Number is Not Acceptable) 6193 Spring Hill Dr. City Spring Hill FL Zip Code 34606		
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 Philip Schroeder, President <i>Philip Schroeder</i> 4/12/06 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, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD KOENIG, WILLIAM T III 2427 COVINGTON AVE SPRING HILL FL 34606	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Iversen, Edward 6064 Airmont Dr. Spring Hill, FL 34606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, RONALD P 2228 ORCHARD DRIVE SPRING HILL FL 34608	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Schroeder, Philip 2489 Crystal Lake Dr. Spring Hill, FL 34606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VETTER, SANDRA H 9243 MANCHESTER STREET SPRING HILL FL 34606	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Hutchinson, Cheryl 9400 Fox Hollow Lane Weeki Wachee, FL 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Iversen, Sharon 6064 Airmont Dr. Spring Hill, FL 34606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE 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 or without other like empowered.

SIGNATURE:

Philip Schroeder