

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720001

FILED
Mar 20, 2007
Secretary of State

Entity Name: HOLY CROSS EVANGELICAL LUTHERAN CHURCH, INC., OF SPRING HILL, FLORIDA

Current Principal Place of Business:

6193 SPRING HILL DRIVE
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

6193 SPRING HILL DRIVE
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 59-1346091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDER, PHILIP
6193 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

ORRELL, TIMOTHY
6193 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

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.

SIGNATURE: TIMOTHY ORRELL

03/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: IVERSON, EDWARD
Address: 6064 AIRMONT DR
City-St-Zip: SPRING HILL, FL 34606

Title: PD () Delete
Name: SCROEDER, PHILIP
Address: 2489 CRYSTAL LAKE DR
City-St-Zip: SPRING HILL, FL 34606

Title: SD () Delete
Name: HUTCHINSON, CHERYL
Address: 9400 FOX HOLLOW LN
City-St-Zip: BROOKSVILLE, FL 34613

Title: T () Delete
Name: IVERSON, SHARON
Address: 6064 AIRMONT DR
City-St-Zip: SPRING HILL, FL 34606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: IVERSEN, EDWARD
Address: 6064 AIRMONT DR
City-St-Zip: SPRING HILL, FL 34606

Title: PD (X) Change () Addition
Name: ORRELL, TIMOTHY
Address: 9370 NAKOMA WAY
City-St-Zip: BROOKSVILLE, FL 34613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: IVERSEN, SHARON
Address: 6064 AIRMONT DR
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON IVERSEN

TREA

03/20/2007

Electronic Signature of Signing Officer or Director

Date