

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90249 041 \*\*\*\*61.25

**60002760**



<b>DOCUMENT # 725362</b> 1. Entity Name <b>OUR SAVIOR EVANGELICAL LUTHERAN CHURCH OF NAPLES, FLORIDA, INC.</b>					
Principal Place of Business <b>10000 AIRPORT ROAD NORTH NAPLES, FL 34110</b>			Mailing Address <b>10000 AIRPORT ROAD NORTH NAPLES, FL 34110</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7248408</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STOPPS, WILLIAM E 28179 VANDERBILT DRIVE BONITA SPRINGS, FL 34134</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>TD</b> <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STOPPS, WILLIAM E</b>		NAME		
STREET ADDRESS	<b>15330 CEDAR WOOD LANE #101</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL</b>		CITY-ST-ZIP	<b>34110</b>	
TITLE	<b>SD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TALABIS, PAUL</b>		NAME		
STREET ADDRESS	<b>5782 COVE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34119</b>		CITY-ST-ZIP		
TITLE	<b>PD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCKAY, JEFFEREY</b>		NAME		
STREET ADDRESS	<b>171 2ND STREET N E</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34210</b>		CITY-ST-ZIP		
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HARRING, DONALD</b>		NAME	<b>VPD LUEBKE, DANE</b>	
STREET ADDRESS	<b>1751 BENTON ROAD</b>		STREET ADDRESS	<b>185 CHESHIRE WAY</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34117</b>		CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	
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.					
<b>SIGNATURE: <i>William E. Stopps</i> WILLIAM E. STOPPS TREASURER 1/11/06 (239) 992-9299</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					