2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2006 8:00 am Secretary of State

DOCUMENT #729956 1. Entity Name ZION EVANGELICAL LUTHERAN CHURCH, INC. OF GAINESVILLE, FLORIDA				03-14-2006 90031 042 ****61.25	
Principal Place 1700 N.W. 34 GAINESVILLE	TH STREET	Mailing Address 1700 N.W. 34TH STREET GAINESVILLE, FL 32605	,		
2. Principal Pl	ace of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01072006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number Applied For 59-2282003 Not Applicab	ble
Zlp	Country -	Zip	Country	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	
HART, CHRIS 1000 NW 51ST TERR.		Name Ge	Name George Petersen Street Address (P.O. Box Number is Not Acceptable) 2650 SE 64+4 Street		
	LLE, FL 32605		26.5	o se 64th street	
**			City 1/2	wherry FL Zip Code 32669	
The above named entity submits this statement for the purpose of changing its registere					ent
	ions of registered agent.	ior the purpose of changing his reg	patered office of reg		Ą).
SIGNATURE Supplies privide agric of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE					
Oldinations.	Signature types for printed same of registered ane	nt and title if applicable. (NOTE: Re	distered Agent signature re	crured when reinstation) DATE	
O G MATORE	1.5%,	<u> </u>			
Old Marion E.	Filing Fee is \$61.25 Due by May 1, 2006	nt and title if applicable. (NOTE: Re 9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees Plonds Department of State	
10.	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Conf	ign Financing tribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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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 ceth; 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. 9/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

351-376-8246 215