


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2006 SEP 18 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 733206 1. Entity Name OUR REDEEMER LUTHERAN CHURCH OF LAKE CITY, FLORIDA, INC.					
Principal Place of Business 5056 SW STATE ROAD 47 LAKE CITY, FL 32024 US			Mailing Address 5056 SW STATE ROAD 47 LAKE CITY, FL 32024 US		
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 59-1279770 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08222006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HIZER, JIM 327 NW INDIAN POND COURT LAKE CITY, FL 32055			Name Regina Hilton Street Address 943 Seville Place City Lake City, FL Zip Code 32024		
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 <u>Regina L. Hilton</u> 09/11/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIZER, JIM	NAME	Regina Hilton		
STREET ADDRESS	327 NW INDIAN POND COURT	STREET ADDRESS	943 SW Seville Place		
CITY-ST-ZIP	LAKE CITY, FL 32055	CITY-ST-ZIP	Lake City, FL 32024		
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILTON, BRIAN	NAME	Rick Hacht		
STREET ADDRESS	943 SW SEVILLE PLACE	STREET ADDRESS	6980 US Hwy 27		
CITY-ST-ZIP	LAKE CITY, FL 32024	CITY-ST-ZIP	Branford, FL 3		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEENER, JUDY	NAME	400080037474		
STREET ADDRESS	1901 SW US HWY 27	STREET ADDRESS	09/21/06--01050--003 **61.25		
CITY-ST-ZIP	FORT WHITE, FL 32038	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SNOWBERGER, RUTH	NAME	Jerry Snowberger		
STREET ADDRESS	219 SE HANOVER PL, # 101	STREET ADDRESS	619 NW Holiday Dr		
CITY-ST-ZIP	LAKE CITY, FL 32025	CITY-ST-ZIP	Lake City FL 32025		
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.					
SIGNATURE: <u>Regina L. Hilton</u> 09/11/2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					