
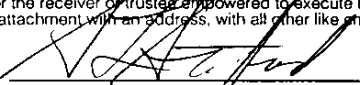


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90036 049 ****61.25

DOCUMENT # 735938 1. Entity Name HOLY TRINITY LUTHERAN CHURCH OF LAND O'LAKES, FLORIDA, INC.					
Principal Place of Business 20735 LEONARD RD. LUTZ, FL 33558-8355 US			Mailing Address 20735 LEONARD RD. LUTZ, FL 33558-8355 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6603549	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELLROD, MATTHEW D DS 1215 WHISPER RUN COURT LUTZ, FL 33549			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;"> FL Zip Code </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>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DVP ELLROD, LOUISE DVP 1215 WHISPER RUN COURT LUTZ, FL 33549		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOFFMAN, LESLIE DT 4607 ROBERTS RD LAND O LAKES, FL 34639		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.T. S.L. STAFFORD 3557 LAKE BREEZE DR LAND CLAKES FL 34639	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KLEKER, GARY DP 23616 HARDWOOD DR LUTZ, FL 33559		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D MITCH GERKEN 1309 PRISTINE PLACE LUTZ FL 33549	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELLROD, MATTHEW D DS 1215 WHISPER RUN COURT LUTZ, FL 33549		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL ARNHOLT 3934 PARKWAY BLVD LAND CLAKES FL 34639	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			S.L. STAFFORD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1-18-07 813-968-9206		
Date			Daytime Phone #		