2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735938

FILED Feb 27, 2008 Secretary of State

Entity Name: HOLY TRINITY LUTHERAN CHURCH OF LAND O'LAKES, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 20735 LEONARD RD. LUTZ, FL 335588355 US **Current Mailing Address: New Mailing Address:** 20735 LEONARD RD LUTZ, FL 335588355 US FEI Number: 59-6603549 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELLROD, MATTHEW D DS 1215 WHISPER RUN COURT LUTZ, FL 33549 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ELLROD, LOUISE DVP GERKEN, MITCH DP Name: Name: 1215 WHISPER RUN COURT Address: 1309 PRISTINE PLACE Address: City-St-Zip: LUTZ, FL 33549 US City-St-Zip: LUTZ, FL 33549 US Title: Title: () Delete () Change () Addition STAFFORD, S.L. Name: Name: Address: 3557 LAKE BREEZE DRIVE Address: City-St-Zip: LAND O LAKES, FL 34639 US City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition GERKEN, MITCH BARRON, MARK VPD Name: Name: Address: 1309 PRISTINE PLACE Address: 1322 HIGHWOOD PLACE City-St-Zip: LUTZ. FL 33549 US City-St-Zip: WESLEY CHAPEL, FL 33543 US Title: DS () Delete Title: () Change () Addition Name: ELLROD, MATTHEW D DS Name: 1215 WHISPER RUN COURT Address: Address: City-St-Zip: LUTZ, FL 33549 US City-St-Zip: Title: () Delete Title: (X) Change () Addition ARNHOLE, DANIEL ARNHOLZ, DANIEL D Name: Name: 3934 PARWAY BLVD 3934 PARWAY BLVD Address: Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: LAND O LAKES, FL 34639 Title: () Delete Title: () Change (X) Addition CAMERON, CRAIGE D Name: Name: Address: Address: 3712 GOLDEN EAGLE DRIVE LAND O LAKES, FL 34639 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MATTHEW ELLROD DS 02/27/2008