

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737531

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** ST. PAUL'S EVANGELICAL LUTHERAN CHURCH OF ORLANDO, FLORIDA, INC.

**Current Principal Place of Business:**

300 E. CHURCH STREET  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

300 E. CHURCH STREET  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 59-0751929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHANER, BARBARA E.  
1620 NEWCHAPEL DRIVE  
ORLANDO, FL 32837 US

**Name and Address of New Registered Agent:**

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:**

Title: VPD ( ) Delete  
Name: KRONMANN, RACHEL  
Address: 1620 NEW CHAPEL DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: TD ( ) Delete  
Name: SHANER, BARBARA E  
Address: 1620 NEWCHAPEL DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: SD ( ) Delete  
Name: SCHMIDT, DOLORES  
Address: 300 E. CHURCH ST. APT. 1701  
City-St-Zip: ORLANDO, FL 32801

Title: PD ( ) Delete  
Name: BURKETT, OLIVER  
Address: 300 E. CHURCH STREET APT. 1710  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: KRONMANN, RACHEL  
Address: 1620 NEW CHAPEL DRIVE  
City-St-Zip: ORLANDO, FL 32837

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: LINE, JANET  
Address: 548 S. HYER AVE.  
City-St-Zip: ORLANDO, FL 32801

Title: VPD (X) Change ( ) Addition  
Name: BURKETT, JOY  
Address: 300 E. CHURCH STREET APT. 1710  
City-St-Zip: ORLANDO, FL 32801

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: BARBARA E. SHANER

TD

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date