

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744451

FILED  
Apr 20, 2007  
Secretary of State

**Entity Name:** ST. PAUL LUTHERAN CHURCH OF SARASOTA, FLORIDA, INC.

**Current Principal Place of Business:**

2256 BAHIA VISTA STREET  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2256 BAHIA VISTA STREET  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 59-1096054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRUITT, LYLE  
2256 BAHIA VISTA STREET  
SARASOTA, FL 34239 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: PD ( ) Delete  
Name: SUNQUIST, HARLAN  
Address: 985 SHILO RD  
City-St-Zip: SARASOTA, FL 34240

Title: SD ( ) Delete  
Name: SHANTZ, PHYLLIS  
Address: 4102 FONSECA AVE  
City-St-Zip: NORTH PORT, FL 34286

Title: TD ( ) Delete  
Name: SCHAAL, ROBERT  
Address: 3853 CHATSWORTH GREENE CT  
City-St-Zip: SARASOTA, FL 34235

Title: VD ( ) Delete  
Name: WELLS, PURMONT  
Address: 7970 N. LEEWYN DR  
City-St-Zip: SARASOTA, FL 34240

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

Title: PD (X) Change ( ) Addition  
Name: CARNAL, JUDY  
Address: 4297 MIRIANA WAY  
City-St-Zip: SARASOTA, FL 34233

Title: TD (X) Change ( ) Addition  
Name: SHANTZ, PHYLLIS  
Address: 4102 FONSICA AVE  
City-St-Zip: NORTH PORT, FL 34286

Title: SD (X) Change ( ) Addition  
Name: WITTREN, SHARON  
Address: 4520 GLEEB FARM ROAD  
City-St-Zip: SARASOTA, FL 34235

Title: VD (X) Change ( ) Addition  
Name: HUTFILZ, GEORGE  
Address: 4750 DEL SOL BLVD.  
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the 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: PHYLLIS SHANTZ

TD

04/20/2007

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

\_\_\_\_\_  
Date