


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90048 028 ****61.25

DOCUMENT # 770055 1. Entity Name EVANGELICAL LUTHERAN ZION CHURCH, INC.			
Principal Place of Business 547 S MAIN STREET GROVELAND FL 34736		Mailing Address 547 S MAIN STREET GROVELAND FL 34736	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 607 Suite, Apt. #, etc.	
City & State Groveland FL		4. FEI Number 59-1022741	
Zip 34736		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCURDY, PATRICIA L 5120 LINKS LANE LEESBURG FL 34748		7. Name and Address of New Registered Agent Name Patricia L. McCurdy Street Address (P.O. Box Number is Not Acceptable) 150 Quail Oaks Cir City Groveland FL Zip Code 34736	
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 Patricia L. McCurdy DATE 2/6/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	P LOWE, CLINTON 5812 LAKE CATHERINE RD. GROVELAND FL 34736	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RENN, JOHN 14421 PINE CONE TRL. CLERMONT FL 34711	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CM PHILLIPS, RUTH P.O. BOX 960 MASCOTTE FL 34753	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCCURDY, PATRICIA 5120 LINKS LANE LEESBURG FL 34748	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CM RENN, WILLIAM 4122 KINGSLEY ST. CLERMONT FL 34711	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERGERSON, JEANNE 14212 MANCHESTER AVE GROVELAND FL 34736	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CM Penny Slifer 15840-138 SR 50 Clermont, FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Renn, William 4122 Kingsley St Clermont 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CM James Stoaffer 10442 Regans Run Dr Clermont FL 34711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia L. McCurdy Patricia L. McCurdy 2/6/05 352-429-9971 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			