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.

50014100

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
547 S MAIN STREET GROVELAND FL 34736	547 S MAIN STREET GROVELAND FL 34736

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 607 Suite, Apt. #, etc.
City & State	City & State: Groveland, FL
Zip / Country	Zip: 34736 / Country: USA

4. FEI Number: 59-1022741 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCURDY, PATRICIA L 5120 LINKS LANE LEESBURG FL 34748	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 2/6/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RENN, JOHN 14421 PINE CONE TRL. CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CM PHILLIPS, RUTH P.O. BOX 960 MASCOTTE FL 34753	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CM Penny Slife 15840 138 SR50 Clermont, FL 34711 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCCURDY, PATRICIA 5120 LINKS LANE LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CM RENN, WILLIAM 4122 KINGSLEY ST. CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Renn, William 4122 Kingsley St Clermont 34711 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FERGERSON, JEANNE 14212 MANCHESTER AVE GROVELAND FL 34736	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CM James Stouffer 10442 Regans Run Dr Clermont FL 34711 ☐ Change ☑ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #