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

**DOCUMENT # 770055** 

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

EVANGE	LICAL LUTHERAN ZION CH	HURCH, INC.		02-	11-2005 90048 02	28 ****61.25	
Principal Plac	ce of Business	Mailing Address					
547 S MAIN STREET GROVELAND FL 34736		547 S MAIN STREET GROVELAND FL 34736		1.18000	50014100		
2. Principal Place of Business		3. Mailing Address P.O. Box 60 7					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st	1st MOORE CR2E037 (10/04)		
City & State		Groveland FL		4. FEI Number	50 4000744		plied For
Zip	Country	Zip 34736	Country	5. Certificate of	of Status Desired [	\$8.75 Add	fitional
	6. Name and Address of Curren	t Registered Agent		7. Name and /	Address of New Regis	tered Agent	
MCCURDY, PATRICIA L 5120 LINKS LANE			Name Patricia L. McCurdy  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)				
	SBURG FL 34748			9 44.	,		
			City G	coveland		FL Zipcoo	236
	e named entity submits this statement to	for the purpose of changing its re	egistered office or		, in the State of Florida	. I am familiar with,	and accept
SIGNATURE	Satricia &M	cludy			2/6	105	
AAO JUU VII VII VARA	Signature, typed or printed name of registered ager	ni and little if applicable (NOTE. F	Registered Agent signatu	ne required when reinstating)	// t	DATE	Acres Avenue
	V. D. H. DELBERT OF DOCUMENT OF SECURITY AND A SECURITY OF THE	N2.2%e%881				XXP 67 66E62XX660	
	FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		Check Payable Department of S	
10.	Due By May 1, 2005 OFFICERS AND D	Trust Fund Co		Added to Fees		Department of S	State
	Due By May 1, 2005	Trust Fund Co	ntribution.	Added to Fees	Florida [	Department of S	State
10.	Due By May 1, 2005  OFFICERS AND D	Trust Fund Co	ntribution.	Added to Fees	Florida [	Department of S	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due By May 1, 2005  OFFICERS AND D P LOWE, CLINTON 5812 LAKE CATHERINE RD. GROVELAND FL 34736 V	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Added to Fees	Florida [	Department of S	State
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indicated on this report or supplied with this first the information indicated on this report or suppliemental 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 AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECTOR 2/6/05 SIGNATURE: