


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90011 047 ****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 P.O. BOX 607 GROVELAND, FL 34736		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCURDY, PATRICIA L 150 QUAIL OAKS CIR GROVELAND, FL 34736				Name <i>McCurdy Patricia L.</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>15036 Green Valley Blvd.</i>	
				City <i>Clermont</i> FL Zip Code <i>34711</i>	
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 <i>Patricia L. McCurdy</i>				DATE <i>1/30/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006				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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, CLINTON			NAME	
STREET ADDRESS	5812 LAKE CATHERINE RD.			STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736			CITY-ST-ZIP	
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENN, JOHN			NAME	<i>Vice President</i>
STREET ADDRESS	14421 PINE CONE TRL.			STREET ADDRESS	<i>Elizabeth Kaminsky</i>
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP	<i>32938 Crooked Oaks Lane</i>
TITLE	CM	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLIFER, PENNY			NAME	<i>Secretary</i>
STREET ADDRESS	15840-138 SR 50			STREET ADDRESS	<i>Penny Slifer</i>
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP	<i>15840-138 SR 50</i>
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCURDY, PATRICIA			NAME	
STREET ADDRESS	5120 LINKS LANE			STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34748			CITY-ST-ZIP	
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENN, WILLIAM			NAME	CM <i>Donna Becker</i>
STREET ADDRESS	4122 KINGSLEY ST.			STREET ADDRESS	<i>1401 E SR 50 #218</i>
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP	<i>Clermont, FL 34711</i>
TITLE	CM	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOAFER, JAMES			NAME	<i>CM</i> <i>Barbara Schroeder</i>
STREET ADDRESS	10442 REGANS RUN DR			STREET ADDRESS	<i>12998 SE 50th St</i>
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP	<i>Webster FL 33597</i>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Patricia L. McCurdy</i>				DATE: <i>1/30/06</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: <i>352-243-8950</i>	