


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90028 031 ****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 - No P.O. Box # 547 S. Main ST.		3. Mailing Address P.O. Box 607	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Groveland, FL		City & State Groveland, FL	
Zip 34736		Country LAKE	
Zip 34736		Country LAKE	
4. FEI Number 59-1022741		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCURDY, PATRICIA L 15036 GREEN VALLEY BLVD CLERMONT, FL 34711		7. Name and Address of New Registered Agent Name: Starke, Paul Street Address (P.O. Box Number is Not Acceptable): 9805 Water Fern Circle City: Clermont FL Zip Code: 34711	
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 _____		DATE 3/27/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 14, 2007		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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Grindle, Artie 9951 Skylark Lane Groveland, FL 34736 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAMINSKY, ELIZABETH. 32938 CROOKED OAKS LN LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fin. Secty Kaminsky, Elizabeth 32998 Crooked Oaks Lane Leesburg, FL 34748 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLIFER, PENNY 15840-138 SR 50 CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM Bell, Keith 4160 Newland St. Clermont, FL 34711 <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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Starke, Paul 9805 Water Fern Circle Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM BECKER, DONNA 1401 E SR 50 # 218 CLERMONT, FL 34711 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brown, Eugene 10543 Lakehill Dr. Clermont, FL 34711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM SCHROEDER, BARBARA 12998 SW DOER ST WEBSTER, FL 33597 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secty Schroeder Barbara 12988 SW DOER ST. Webster, FL 33597 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Paul Starke</u>		DATE: 3/27/08 352-394-9927	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	