

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770055

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: EVANGELICAL LUTHERAN ZION CHURCH, INC.

**Current Principal Place of Business:**

574 S. MAIN ST.  
GROVELAND, FL 34736

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 607  
GROVELAND, FL 34736

**New Mailing Address:**

FEI Number: 59-1022741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STARKE, PAUL  
9805 WATER FERN CIRCLE  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRINDLE, ARTIE  
Address: 9951 SKYLARK LANE  
City-St-Zip: GROVELAND, FL 34736

Title: S ( ) Delete  
Name: KAMINSKY, ELIZABETH  
Address: 32998 CROOKED OAKS LANE  
City-St-Zip: LEESBURG, FL 34748

Title: CM ( ) Delete  
Name: BELL, KEITH  
Address: 4160 NEWLAND ST.  
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete  
Name: STARKE, PAUL  
Address: 9805 WATER FERN CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete  
Name: EUGENE, BROWN  
Address: 10543 LAKEHILL DR.  
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete  
Name: SCHROEDER, BARBARA  
Address: 12988 SW DOER ST.  
City-St-Zip: WEBSTER, FL 33597

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL STARKE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

01/06/2009

\_\_\_\_\_  
Date