

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90189 014 ****61.25

DOCUMENT # 770821

1. Entity Name
CHRIST EVANGELICAL LUTHERAN CHURCH,
INCORPORATED



Principal Place of Business
CHRIST LUTHERAN CHURCH
% 3451 30TH AVE. NORTH
ST. PETERSBURG, FL 33713 US

Mailing Address
CHRIST LUTHERAN CHURCH
% 3451 30TH AVE. NORTH
ST. PETERSBURG, FL 33713 US

40063013



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1662437

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

NEWHARD, ROBERT
3023 32ND AVE N
ST. PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

TITLE	D	<input type="checkbox"/> Delete
NAME	NEWHARD, ROBERT	
STREET ADDRESS	3023 32 AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRUZER, SHARON	
STREET ADDRESS	5100 40TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHONBRUN, DONNA	
STREET ADDRESS	220 BELLEVIEW BLVD	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STINER, MARIAN	
STREET ADDRESS	5900 13 ST N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	
TITLE	P	<input type="checkbox"/> Delete
NAME	DE PUGH, RV	
STREET ADDRESS	2164 - 15 CIR N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLVIN, DEAN	
STREET ADDRESS	1400 57TH AVE. N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN BOLVIN

Date

Apr-23-06

Daytime Phone #