

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90023 035 ****61.25

DOCUMENT # 770821

1. Entity Name

**CHRIST EVANGÉLICAL 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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-1662437

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 filer if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME **NEWHARD, ROBERT**
STREET ADDRESS **3023 32 AVENUE NORTH**
CITY- ST- ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Delete
NAME **WISTOFT, ERIK**
STREET ADDRESS **711 MURPHY AVE. N.**
CITY- ST- ZIP **SAINT PETERSBURG FL 33703**

TITLE ☐ Delete
NAME **RAY, PHYLLIS**
STREET ADDRESS **3150 22ND ST. N**
CITY- ST- ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Delete
NAME **BREWER, KATHLEEN**
STREET ADDRESS **3320 26TH ST. N**
CITY- ST- ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Delete
NAME **DE PUGH, RV**
STREET ADDRESS **2164 - 15 CIR N**
CITY- ST- ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Delete
NAME **BOLVIN, SHIRLEY**
STREET ADDRESS **1400 57TH AVE. N**
CITY- ST- ZIP **SAINT PETERSBURG FL 33703**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X Shirley Bolvin SHIRLEY BOLVIN 4-3-08 727-526-5555

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy, Page #