




**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90165 033 \*\*\*\*70.00

<b>DOCUMENT # C10181</b>			
1. Entity Name <b>THE EVANGELICAL LUTHERAN CHURCH OF THE HOLY COMFORTER</b>			
Principal Place of Business <b>10255 PARADISE BLVD TREASURE ISLAND, FL 33706-3128</b>		Mailing Address <b>10255 PARADISE BLVD TREASURE ISLAND, FL 33706-3128</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2387014</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PIEPER, PAUL F REV</b> <b>11325 7TH ST E</b> <b>TREASURE ISLAND, FL 33706-3037</b>		Name <b>RONALD H. MERRITT</b> Street Address (P.O. Box Number is Not Acceptable) <b>255 CARRI CIRCLE</b> <b># 28</b> City <b>TREASURE ISLAND FL</b> Zip Code <b>33706</b>	
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	
Signature, typed or printed name of registered agent, and title if applicable <b>RONALD H. MERRITT, PRESIDENT CONSTRUCTION COUNCIL</b>		(NOTE Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY - ST - ZIP	PT PIEPER, PAUL F. W. 10255 PARADISE BLVD TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D RONALD H. MERRITT 255 CARRI CIRCLE, # 28 TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT STAJICH, SIBYLLE H 1847 SHORE DRIVE S, STE 315 SOUTH PASADENA, FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D FRANK DAVIS 365 CARRI BOULEVARD TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT RUDISILL, LARRY 10221 TARPON DR. TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D DAVID MATHEW 540 PARRA SEVILLE COURT, # 73 TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KOELSCH, SHARON 3157 64TH WAY N SAINT PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D MARY DAVIS 365 CARRI BOULEVARD TREASURE ISLAND, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHN FLIEMAN 4 MANGROVE POINT ST. PETERS BEACH FL 33706 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELMER KIRSCHNER 11280 6TH STREET E. TREASURE ISLAND, FL 33706 <input type="checkbox"/> Change <input checked="" 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: 		727-410-5790	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		RONALD H. MERRITT PRESIDENT CONSTRUCTION COUNCIL DAYTIME PHONE #	

ATTACHMENT

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PAIT REBINE  
19531 GOLF BOULEVARD  
# 506  
INDIAN SPRING, AZ 85375

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