2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #C10181

1. Entity Name
THE EVANGELICAL LUTHERAN CHURCH OF THE HOLY



FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90202 017 ****70.00

COMFOR	TER	51.011.01 111.211.021								
Principal Place of Business 10255 PARADISE BLVD TREASURE ISLAND, FL 33706-3128		Meiling Address 10255 PARADISE BLVD TREASURE ISLAND, FL 33706-3128			74 J. F.					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					# 211 111			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04232007	Chg-NP	CR2E	037 (12/06)		
City & State		City & State			4. FEI Number 59-2397	014			oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	1⊠	\$8.75 Add	ditional	
	6. Name and Address of Current R	legistered Agent	1 "	1	7. Name and /	Address of New	/) Registere		~	
MEDDITT	RONALD H		Name							
255 CAPR #28			Street A	Street Address (P.O. Box Number is Not Acceptable)						
	TERSBURG, FL 33706									
			City				F	L Zip Cod	le	
	named entity submits this statement for	the purpose of changing its re	egistered office o	r registere	ed agent, or both	, in the State of F	iorida. I a	m familiar with,	and accept	
the obligat	ions of registered agent.									
SIGNATURE.	Signature, typed or printed name of regulatered agent as	nd title if applicable. (NOTE:	Registered Agent signs	ture required	when rensisting)		DATI	<u> </u>		
SIGNATURE .	Signature, typed or primed name of registered agent as Filling Fee is \$61.25	9. Election Camp	paign Financing		\$5.00 May Be	, ,	Make che	eck payable t		
SIGNATURE.			paign Financing		\$5.00 May Be Added to Fees	Flo	Make chi orlda Dep	eck payable to	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	, ,	Make chi orlda Dep	ock payable to sartment of S	v 10	
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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: