

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90184 030 ****61.25

DOCUMENT # C10181

1. Entity Name
THE EVANGELICAL LUTHERAN CHURCH OF THE HOLY COMFORTER



Principal Place of Business
**10255 PARADISE BLVD
TREASURE ISLAND, FL 33706-3128**

Mailing Address
**10255 PARADISE BLVD
TREASURE ISLAND, FL 33706-3128**

60033495



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2397014

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

7. Name and Address of New Registered Agent

~~MERRITT, RONALD H
255 CAPRI CIR
#28
SAINT PETERSBURG, FL 33706~~

Name **SHEILA M. STUART**
Street Address (P.O. Box Number is Not Acceptable)
10255 PARADISE BLVD.
City **TREASURE IS.** FL Zip Code **33706**

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 **ADMINISTRATIVE ASST. SHEILA M. STUART** *Sheila M. Stuart* **4/28/08**
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, 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 PD ☒ Delete
NAME **MERRITT, RONALD H**
STREET ADDRESS **255 CAPRI CIR #28**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33706**

TITLE T ☐ Delete
NAME **KIRSCHNER, ELMER**
STREET ADDRESS **11280 8TH STREET**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE VD ☒ Delete
NAME **MATHEWS, DAVID**
STREET ADDRESS **540 PALM SEVILLE CRT #73**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE SD ☐ Delete
NAME **DAVIS, MARY**
STREET ADDRESS **365 CAPRI BLVD**
CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

TITLE D ☒ Delete
NAME **FLEMAN, JOHN**
STREET ADDRESS **4 MANGROVE POINT**
CITY-ST-ZIP **SAINT PETERSBURG BEACH, FL 33706**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD SHARON ROELSCH** ☒ Change ☒ Addition
NAME
STREET ADDRESS **11582 SHELLY CIRCLE**
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **ELMER KIRSCHNER** ☒ Change ☐ Addition
NAME
STREET ADDRESS **11280 8TH ST. E.**
CITY-ST-ZIP

TITLE **VD JOAN KIRSCHNER** ☐ Change ☒ Addition
NAME
STREET ADDRESS **11280 8TH ST. E.**
CITY-ST-ZIP **TREASURE IS., FL 33706**

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

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: **Elmer E. Kirschner** *Elmer E. Kirschner* **4-28-08 (727) 363-0497**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #