

**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  
 #20  
 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 #20~~  
 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  Change  Addition  
 NAME **SHARON ROELSCH**  
 STREET ADDRESS **11582 SHELLY CIRCLE**  
 CITY-ST-ZIP **SEMINOLE, FL 33772**

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

TITLE VD  Change  Addition  
 NAME **JOAN KIRSCHNER**  
 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 #