

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

AUG - 1 PM 3:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



07212008 Chg-NP CR2E037 (12/06)

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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2397014		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent	
Zip Country		Zip Country		7. Name and Address of New Registered Agent		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		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	T KIRSCHDER, ELMER 11280 8TH ST. E. TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wilma Christina Lillich 6530 68th Street N. Pinellas Park Fl. 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, MARY 365 CAPRI BLVD TREASURE ISLAND, FL 33706	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rev. John R. Thompson 10255 Paradise Blvd. Treasure Island Fl. 33706	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIRSCHNER, JOAN 11280 8TH ST. E. TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400132435284 07/16/08--01009--013 **35.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	07/16/08--01009--015 **35.00			
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: <i>Wilma Christina Lillich</i>				Date: 7-27-08		Daytime Phone #: 727-546-2246	

SP 8/1