

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90040 041 ****61.25

DOCUMENT # N02670

1. Entity Name

ST. PAUL'S LUTHERAN CHURCH, INCORPORATED



Principal Place of Business

407 S. SATURN AT GULF TO BAY BLVD.
CLEARWATER FL 33755
US

Mailing Address

407 S. SATURN AT GULF TO BAY BLVD.
CLEARWATER FL 33755
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0904795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

ORMSBY, JUDITH
2070 VILLA TERRACE DRIVE
CLEARWATER FL 33763

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

Signature, typed or printed name of registered agent and to call application.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: 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 ☐ Delete
NAME DRMSBY, JUDITH
STREET ADDRESS 2070 VILLA TERRACE DRIVE
CITY-STATE-ZIP CLEARWATER FL 33763

TITLE ☐ Delete
NAME O'REGAN, ADEL-MARIE
STREET ADDRESS 1701 PINEHURST #24C
CITY-STATE-ZIP DUNEDIN FL 34698

TITLE ☐ Delete
NAME DUNN, CAROL
STREET ADDRESS 2101 SUNSET POINT RD
CITY-STATE-ZIP CLEARWATER FL 33765

TITLE ☒ Delete
NAME RHYNE, JAMES
STREET ADDRESS 1576 BUDLEIGH STREET
CITY-STATE-ZIP CLEARWATER FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08

(727) 446-7718