

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009858

1. Entity Name
LUTZ CHURCH OF GOD, INC.



Principal Place of Business
**9714 HIDDEN OAK CIRCLE
TAMPA, FL 33612**

Mailing Address
**9714 HIDDEN OAK CIRCLE
TAMPA, FL 33612**



04242005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0854980

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, PATRICIA
9714 HIDDEN OAK CIRCLE
TAMPA, FL 33612**

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IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, LUCIUS B
STREET ADDRESS	9714 HIDDEN OAK CIRCLE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	JOHNSON, PATRICIA
STREET ADDRESS	9714 HIDDEN OAK CIRCLE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	THOMPSON, JOHN
STREET ADDRESS	26725 AFFIRMED DR.
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	D
NAME	TUCKER, FLOYD
STREET ADDRESS	11820 SOPHIA DR. APT. 2112
CITY-ST-ZIP	TEMPLE TERRACE, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80143-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Patricia Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 25-05 (813) 220-6356

Date

Daytime Phone #