2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03205

FILED Apr 06, 2004 Secretary of State

Entity Name: CHRIST OUR REDEEMER LUTHERAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 304 DRUID HILLS TEMPLE TERRACE, FL 33617 **Current Mailing Address: New Mailing Address:** 304 DRUID HILLS TEMPLE TERRACE, FL 33617 FEI Number: 59-2430188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHANCELLOR, RUTH 2213 PINECREST DR LUTZ, FL 33549 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DS () Delete () Change () Addition TOLLEY, LINDA Name: Name: 9714 PLEASANT RUN WAY Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: () Delete Title: D (X) Change () Addition Name: SIGL, KEVIN Name: SIGL, KEVIN Address: 7810 BULLANA DR Address: 7810 BULLARA DR City-St-Zip: TAMPA, FL 33637 City-St-Zip: TAMPA, FL 33637 Title: PD() Delete Title: PD (X) Change () Addition HAFER, ANDREW ANDERSON, TODD Name: Name: 2407 DUNDEE ST 9714 PLEASANT RUN WAY Address: Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: TAMPA, FL 33647 () Delete Title: DT Title: DT (X) Change () Addition FERNANDEZ, ÁLISON Name: Name: OVERTON, JAMES Address: 6601 HEATHERTON CT Address: 5108 N. CENTRAL AVENUE City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: TAMPA, FL 33603 Title: () Delete Title: (X) Change () Addition ANDERSON, TODD KOENIG, DIANNE Name: Name: 6218 GREENWICH DR 1202 LAKE CHARLES CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD ANDERSON PD 04/06/2004