

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03205

FILED  
Apr 21, 2006  
Secretary of State

**Entity Name:** CHRIST OUR REDEEMER LUTHERAN CHURCH, INC.

**Current Principal Place of Business:**

304 DRUID HILLS ROAD  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

304 DRUID HILLS ROAD  
TEMPLE TERRACE, FL 33617

**New Mailing Address:**

**FEI Number:** 59-2430188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHANCELLOR, RUTH  
2213 PINECREST DR  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

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:**

Title: DS ( ) Delete  
Name: TOLLEY, LINDA  
Address: 30437 TRAYBURN LOOP  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete  
Name: SIGL, KEVIN  
Address: 7810 BULLARA DR  
City-St-Zip: TAMPA, FL 33637

Title: PD ( ) Delete  
Name: KOENIG, DIANNE  
Address: 1202 LAKE CHARLES CIRCLE  
City-St-Zip: LUTZ, FL 33548

Title: DT ( ) Delete  
Name: SCHEIB, BUD  
Address: P.O. BOX 17552  
City-St-Zip: TAMPA, FL 33682

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS (X) Change ( ) Addition  
Name: WARD, KATHERINE  
Address: 522 ROLLING VIEW DRIVE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D (X) Change ( ) Addition  
Name: CASSIDY, RITA  
Address: 5747 RIVA RIDGE DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: PD (X) Change ( ) Addition  
Name: GOLTERMANN, PETER  
Address: 315 GLEN OAKS AVENUE  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Change (X) Addition  
Name: MCMURRY, TIM  
Address: 8019 PAULSON LANE  
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PETER GOLTERMANN

PD

04/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date