


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90077 035 ****61.25

DOCUMENT # N03205 1. Entity Name CHRIST OUR REDEEMER LUTHERAN CHURCH, INC.					
Principal Place of Business 304 DRUID HILLS ROAD TEMPLE TERRACE, FL 33617			Mailing Address 304 DRUID HILLS ROAD TEMPLE TERRACE, FL 33617		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2430188	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEYER, WALDEMAR 501 CRESTOVER DRIVE TEMPLE TERRACE, FL 33617				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	DS ASPRAY, SUSAN 6308 S. QUEENSWAY TEMPLE TERRACE, FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TOLLEY, LINDA 30437 TRAYBURN LOOP WESLEY CHAPEL, FL 33543	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIGL, KEVIN 7810 BULLARA DRIVE TAMPA, FL 33637		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LAY, MICHAEL 1706 W. FERN STREET TAMPA, FL 33604	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMURRY, TIM 8019 PAULSON LANE TAMPA, FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition BOWDISH, DANIEL 12310 KELLY LANE THONOTOSASSA, FL 33592	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCINTYRE, RICH 11933 RIVERHILLS DRIVE TEMPLE TERRACE, FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ANDERSON, TODD 6309 E. 112TH AVENUE TEMPLE TERRACE, FL 33617	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAY, MICHAEL 1706 W. FERN STREET TAMPA, FL 33604		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>DW Bowdish</i> DW Bowdish 2/25/08 (813) 988-4025 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					