2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State
01-19-2007 90024 042 ****61.25

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1. Entity Name
ZION EVANGELICAL LUTHERAN CHURCH OF TAMPA, FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
2901 N HIGHLAND AVE TAMPA, FL 33602	2901 N HIGHLAND AVE TAMPA, FL 33602

01032007 Chg-NP CR2E037 (12/05)

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 39-3314219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLROD, MATTHEW ATTY 6642 ROWAN RD NEW PT RICHEY, FL 34653	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 **Due by May 1, 2007**	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEWIS-OMOREGIE, DORA 8121 CANTERBURY LAKES BLVD TAMPA, FL 33619	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Russell Goldsmith 809 W. Alfred St. Tampa, FL 33603	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WARD, ROBERTA 21821 DUPREE DR LAND O' LAKES, FL 34639	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP James Henning 116 Ladoga Ave. Tampa, FL 33606	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BROWN, SARAH 211 WEST KEYS AVE TAMPA, FL 33602	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Sarah Brown 211 W. Keyes Ave. Tampa, FL 33602	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WARD, SAM 21821 DUPREE DR LAND O' LAKES, FL 34639	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Adrian Kelly 90 Durham Ct. Palm Harbor, FL 34683	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Adrian Kelly, Treas. 1-16-07 727/785-1463
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible] OFFICER OR DIRECTOR — Date — Daytime Phone #