


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90035 040 ****70.00

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1. Entity Name
THE ST. JOHN'S EVANGELICAL LUTHERAN CHURCH OF SULPHUR SPRINGS, FLORIDA, INC.



Principal Place of Business
**10401 N FLORIDA AVE
 TAMPA, FL 33612**

Mailing Address
**10401 N FLORIDA AVE
 TAMPA, FL 33612**

60024839



2. Principal Place of Business - No P.O. Box #
10960 N 56th Street

3. Mailing Address
10960 N 56th Street

Suite, Apt. #, etc.

02282008 Chg-NP CR2E037 (12/06)

City & State
Temple Terrace, Florida

City & State
Temple Terrace, Florida

Zip
33617

Country
United States

4. FEI Number
59-1274991

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STALNAKER, LANCE ATTY
 1319 FLETCHER AVE WEST
 TAMPA, FL 33612**

7. Name and Address of New Registered Agent

Name
Turner, James

Street Address (P.O. Box Number is Not Acceptable)
2509 Linden Street Tree Street

City
Seffner

FL Zip Code
33584

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 James Turner **Congregation President** **4/12/08**
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, 2008

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 JUDGE, GEORGE 1637 PINTAIL CT LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, JAMES 2509 LINDEN TREE ST SEFFNER, FL 33584	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERGANDE, DAVID 4002 W RIVER PL - APT 2-303 TAMPA, FL 33603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OWENS, SHARON 511 W 130 AVE TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	511 W 130th Ave.	<input checked="" 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
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: David K. Pergande **David K. Pergande** **April 13, 2008** **813-951-1523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #