

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2009  
Secretary of State**

DOCUMENT# N06000000326

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

**Current Principal Place of Business:**

10960 N 56TH STREET  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

10960 N 56TH STREET  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 59-1274991      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

TURNER, JAMES  
2509 LINDEN TREE ST.  
SEFFNER, FL 33584    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: P            ( ) Delete  
Name: TURNER, JAMES  
Address: 2509 LINDEN TREE ST  
City-St-Zip: SEFFNER, FL 33584

Title: T            ( ) Delete  
Name: PERGANDE, DAVID  
Address: 4002 W RIVER PL - APT 2-303  
City-St-Zip: TAMPA, FL 33603

Title: S            ( ) Delete  
Name: OWENS, SHARON  
Address: 511 W 130TH AVE  
City-St-Zip: TAMPA, FL 33612

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

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

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

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

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

Title: V            ( ) Change (X) Addition  
Name: WARNER, WILLIAM  
Address: 8895 TANGLEWOOD PL #420  
City-St-Zip: TEMPLE TERRACE, FL 33617

I hereby certify that the information supplied with this filing does not qualify 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: DAVID PERGANDE

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

T

04/16/2009

\_\_\_\_\_  
Date