


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90042 049 \*\*\*\*61.25

<b>DOCUMENT # N06000001121</b>					
<b>1. Entity Name</b> <b>SONS OF NORWAY-TAMPA BAY LODGE 3-515</b>					
<b>Principal Place of Business</b> <b>GRACE LUTHERAN CHURCH AT CARROLLWOOD</b> <b>3714 LINEBAUGH AVE</b> <b>TAMPA, FL 33618-4429</b>			<b>Mailing Address</b> <b>GRACE LUTHERAN CHURCH AT CARROLLWOOD</b> <b>3714 LINEBAUGH AVE</b> <b>TAMPA, FL 33618-4429</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>23-7525697</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>EWANOWSKI, STANLEY J</b> <b>11513 N RAVINE RD</b> <b>TAMPA, FL 33612-5673</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code             </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>HLIVYAK, JOHN</b> <input checked="" type="checkbox"/> Delete <b>2434 ANCHOR AVE</b> <b>SPRING HILL, FL 346087314</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>EWANOWSKI, STANLEY J.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11513 N. RAVINE ROAD</b> <b>TAMPA, FL 336125673</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>EWANOWSKI, STANLEY J</b> <input checked="" type="checkbox"/> Delete <b>11513 N RAVINE RD</b> <b>TAMPA, FL 336125673</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>MIGHE, BRYAN W.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>209 S. LOCKMOOR AVE</b> <b>TAMPA, FL 336176333</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>FARNSWORTH, INSTANCE D</b> <input type="checkbox"/> Delete <b>2611 BAYSHORE BLVD</b> <b>TAMPA, FL 336297365</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>TISDEL, PATRICIA</b> <input type="checkbox"/> Delete <b>11314 PARTRIDGE DR</b> <b>TAMPA, FL 336254976</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Stanley J. Ewanowski</u> <b>STANLEY J. EWANOWSKI</b> <u>2/2/08</u> <u>(813) 932-3738</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					