## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Jul 14, 2008 8:00 am Secretary of State

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DOCUMENT # N06736  1. Entity Name FOREST OAKS LUTHERAN CHURCH OF SPRING HILL, FLORIDA, INC.						07-14-2008	3 90029 0	10 ****61.	.25	
8555 FOREST OAKS BLVD.		8555 FOR	Mailing Address 8555 FOREST OAKS BLVD. SPRING HILL, FL 34606							
2. Principal Place of Business - No P.O. Box #		3. Mailing A	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			06272008	Chg-NP	CR2E	037 (12/06)	
City & State		City & St	City & State			4. FEI Numbe 59-2383			<b>⊢</b>	oplied For ot Applicable
Zip	Country	Zip		Country		5. Certificate	of Status Desire	d 🗀	\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Age	ent			7. Name and	Address of Ne	w Registere	Agent	
				Name						
STAMER, RON 2275 COUNTRY RIDGE LANE SPRING HILL, FL 34606			Street Address (			(P.O. Box Number is Not Acceptable)				
				City				F	Zip Cod	le
	named entity submits this statement tions of registered agent.	for the purpose of	f changing its reg	gistered office o	r register	ed agent, or bot	n, in the State o	f Florida. I ar	n familiar with,	and accept
. SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Re	gestered Agent signs	ture required	when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·	<del></del>
	Filing Fee is \$61.25	<del> </del>	Election Campa	ign Financing		\$5.00 May Be		Make che	ck payable t	
	<del>-                                    </del>	9.	<del></del>	ign Financing			F	Make che lorida Dep	ck payable t artment of S	tate
D	Filing Fee is \$61.25 ue by September 12, 2008	9.	Election Campa	nign Financing tribution.		\$5.00 May Be Added to Fees	F	Make che lorida Dep	ck payable t artment of S	tate
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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:

\*\*RON STAMES\*\*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

Date

Da

683-9731 Daylane Phone #