

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N12659

Entity Name: ALL SAINTS LUTHERAN CHURCH OF TAMPA, INC.

Current Principal Place of Business:

5315 VAN DYKE RD
C/O REV. M. RICHARD MALIVUK
LUTZ, FL 335491882

New Principal Place of Business:

5315 VAN DYKE RD
C/O REV. M. RICHARD MALIVUK
LUTZ, FL 33558

Current Mailing Address:

5315 VAN DYKE RD
C/O REV. M. RICHARD MALIVUK
LUTZ, FL 335491882

New Mailing Address:

5315 VAN DYKE RD
C/O REV. M. RICHARD MALIVUK
LUTZ, FL 33558

FEI Number: 59-2606498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALIVUK, M. RICHARD (REV.)
4321 HAWKS NEST DR.
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

MALIVUK, M. RICHARD (REV.)
4321 HAWKS NEST DR.
LUTZ, FL 33558 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KAMP, CINDY
Address: 21521 CURLEW CT.
City-St-Zip: LUTZ, FL 33549

Title: DS () Delete
Name: GREENSFELDER, MARCIA
Address: 14817 WINDINE CREEK CT
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: LAMB, RON
Address: 1651 HERON COVE DR
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: STICKLIN, LAURA
Address: 2611 LINDEN TREE
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: SCHMIDT, STEVE
Address: 1053 KIT CT.
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: MAGYAR, BOB
Address: 13513 LUNKER CT.
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: EMBERTON, LORI
Address: 8012 N MEADOWVIEW CIR.
City-St-Zip: TAMPA, FL 33625

Title: DT (X) Change () Addition
Name: NELSON, JAMES
Address: 4204 HOLLOWTRAIL DR.
City-St-Zip: TAMPA, FL 33624

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

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

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

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: CYNTHIA KAMP

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date