

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12659

FILED
Apr 16, 2009
Secretary of State

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 33558

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 33558 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: DP () Delete
Name: KAMP, CINDY
Address: 21521 CURLEW CT.
City-St-Zip: LUTZ, FL 33549

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

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

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: DP (X) Change () Addition
Name: SCHMIDT, STEVE
Address: 1053 KIT CT.
City-St-Zip: LUTZ, FL 33549

Title: DS (X) Change () Addition
Name: SMITH, LAURA
Address: 4103 MARLOW LOOP
City-St-Zip: LAND O'LAKES, FL 34639

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

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

Title: D (X) Change () Addition
Name: ADAMS, RANDY
Address: 7512 DEER PATH LN
City-St-Zip: LAND O'LAKES, FL 334637

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: M. RICHARD MALIVUK

Electronic Signature of Signing Officer or Director

REV

04/16/2009

_____ Date