2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



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	MENT # N1381	11		6] ;	Secret			
OUR SAVIOR LUTHERAN CHURCH OF ZEPHYRHILLS, INC.							07-11-200)5 90196 ()14 ****	*61.25
5626 20TH STREET 5			Mailing Address 5626 20TH STREET ZEPHYRHILLS, FL 33542 US			T I I I I I I I I I I I I I I I I I I I	etu (1101 1060) (1 20 7 65	el Grafi 41211 61411	e ade alek a le	KILER OT FEOL
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.			07052005	Chg-NP	CR2E037	(10/03)	
City & State			City & State			4. FEI Number 59-11164	189			optied For ot Applicable
Zip	Country	Zi		Country	у	5. Certificate of	Status Desired		8.75 Addee Require	
	6. Name and Address o	f Current Register	ed Agent			7. Name and A	ddress of New F	Registered Ag	jent	
GREENE, RONALD 3452 AZINGER LOOP ZEPHYRHILLS, FL 33541			<u> </u>	Name Street Address (P.O. Box Number	is Not Acceptabl	e)			
ZEJIIIKI	MEEG, 1 & 00041				City			—	Zip Cod	e
			·····		<u> </u>			FL		
	named entity submits this stations of registered agent.	atement for the purp	oose of changing its r	egistered o	office or registe	red agent, or both,	in the State of Fl	orida. I am ta	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of reg	estered agent and title if ap	plicable. (NOTE:	Registered Age	ent signature require	d when rematating)		DATE		
	Signature, typed or printed name of reg Filling Fee is \$61.25 ue by September 7, 2	<u> </u>	9. Election Cam Trust Fund Ca	paign Finar	ncing _	\$5.00 May Be Added to Fees		DATE		
	Filing Fee is \$61.25 ue by September 7, 2	<u> </u>	9. Election Cam Trust Fund Ca	paign Finar	ncing	\$5.00 May Be	Flor	lake check i rida Departn	nent of St	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

113 779-0150

FILED

Daytime Phone #