


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/28/2007-90024007-\$61.25-\$61.25

FILED

2007 SEP 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15780 1. Entity Name OUR SAVIOR LUTHERAN CHURCH OF POLK COUNTY, INC.	
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Principal Place of Business 6920 N SOCRUM LOOP N. LAKELAND, FL 33809 US	Mailing Address Our Savior Lutheran Church P.O. Box 91905 Lakeland, FL 33804-1905
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**note change*



08072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2499973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PALMQUIST, ANDREW PASTOR 6124 N. FORK COURT LAKELAND, FL 33809

**DO NOT WRITE
IN THIS SPACE**

[Signature]

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WIENKE, DONALD 2244 SILVER LAKES DR NORTH LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JONES, RICHARD 7220 CENTERHILL DR LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WEBER, JOHN 1823 WESTMINSTER COURT LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *John H. Weber* John H. Weber - Treasurer 9/11/07 863-853-5488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #