


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90419 011 ****61.25

DOCUMENT # N18316
 1. Entity Name
NATIVITY LUTHERAN CHURCH OF SPRING HILL, INC.



Principal Place of Business Mailing Address
6363 COMMERCIAL WAY **6363 COMMERCIAL WAY**
WEEKI WACHEE, FL 34613 **US** **WEEKI WACHEE, FL 34613** **US**

50013179



01302006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-2584667 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RENIHAN, JILL - -
2308 CYRANO AVENUE
BROOKSVILLE, FL 34601

7. Name and Address of New Registered Agent

Name
Yoos, William

Street Address (P.O. Box Number is Not Acceptable)
10131 Southern Breeze Ct.

City State Zip Code
Weeki Wachee **FL** **34613**

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 *William C. Yoos Jr* DATE 4/4/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	YOOS, WILLIAM	
STREET ADDRESS	10131 SOUTHERN BREEZE CT	
CITY-ST-ZIP	WEEKI WACHEE, FL 34613	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RENIHAN, JILL	
STREET ADDRESS	12308 CYRANO AVENUE	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, BARBARA	
STREET ADDRESS	1033 CASTILLE DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRISANTI, BARBARA	
STREET ADDRESS	7479 SOUTHAMPTON RD	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yoos, William	
STREET ADDRESS	10131 Southern Breeze Ct.	
CITY-ST-ZIP	Weeki Wachee, FL 34613	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mau, John	
STREET ADDRESS	4 Heuchera Ct. West	
CITY-ST-ZIP	Homosassa, FL 34446	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, Susan	
STREET ADDRESS	1 Nicotiana Ct.	
CITY-ST-ZIP	Homosassa, FL 34446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Barbara Crisanti* **BARBARA CRISANTI** Date 4/10/06 Daytime Phone # 352-597-1456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR