


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N20544 1. Entity Name FOREST EVANGELICAL LUTHERAN CHURCH OF SILVER SPRINGS, FLORIDA, INC.						FILED 07 MAY 29 AM 7:57 ALABAMA STATE ALABAMA, FLORIDA	
Principal Place of Business 1663 SE 183 AVE ROAD SILVER SPRINGS, FL 34488 US				Mailing Address 1663 SE 183 AVE ROAD SILVER SPRINGS, FL 34488 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 59-2786808				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BERK, CHARLES E., 2603 SE 17 STREET SUITE C OCALA, FL 34471				7. Name and Address of New Registered Agent Name Jean Parker Street Address (P.O. Box Number is Not Acceptable) 6975 NE 5TH ST City Ocala FL Zip Code 34470			
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 <u>Jean Parker</u> Jean Parker - TREASURER 5/22/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>							
Filing Fee is \$61.25 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WISE, KIT 16134 SE 14 ST OCKLAWAHA, FL 32179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKELLY, ROMAULD 6670 SE 171 CT OCKLAWAHA, FL 32179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS PARKER, JOHN 3150 NE 36TH AVE. OCALA, FL 34479	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BETTY PAGELS 4130 SE 183rd Ave Rd OCKLAWAHA, FL 32179			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONKLIN, THERESA L 2042 E. 175 TERRACE SILVER SPRINGS, FL 34488	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JEAN PARKER 6975 NE 5TH ST. Ocala, FL 37740			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINKE, FRED 1840 SE 173RD AVENUE SILVER SPRINGS, FL 34488	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500103985225 06/06/07--01038--016 **61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOANNE FISHER 573 COUNTY Rd 310 PALATKA, FL 32177			
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: <u>Jean Parker</u> Jean Parker 5/22/2007 352-368-6965 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							