2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35049

FILED May 04, 2007 Secretary of State

Entity Name: LUTHER VILLAGE OF TAMPA BAY, INCORPORATED

Ourienti	Principal Place of Business:	New Principal Place of Business:
	FLORIDA AVE	
TAMPA, F	FL 33612 US	
Current N	Mailing Address:	New Mailing Address:
12701 N F TAMPA, F	FLORIDA AVE FL 33612 US	
	r: 59-3005474 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation die	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
1519 DAL SUITE 10	AM, RANDALL C. ESQ. E MABRY HIGHWAY 0 33549 US	
	e named entity submits this statement for the of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU	DE:	
	NE.	
	Electronic Signature of Registered	Agent Date
OFFICER		Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address:	Electronic Signature of Registered	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	Electronic Signature of Registered A S AND DIRECTORS: T () Delete PULVER, MARJORIE M 15742 SCRIMSHAW DR	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic Signature of Registered A S AND DIRECTORS: T () Delete PULVER, MARJORIE M 15742 SCRIMSHAW DR TAMPA, FL 33624 US P () Delete WILSON, APRIL 1146 DOGWOOD AVENUE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: APRIL WILSON P 05/04/2007