


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000003773		
1. Entity Name RISEN SAVIOR EVANGELICAL LUTHERAN CHURCH, INC.		
Principal Place of Business 9664 NAVARRE PKWY NAVARRE, FL 32566 US	Mailing Address 9664 NAVARRE PKWY NAVARRE, FL 32566 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PRAHL, STEVEN H 8164 PINOSA ST NAVARRE, FL 32566		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHMIDT, RICHARD 704 SOUTHERN COURT GULF BREEZE, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAHLER, KENNETH 141 VILLACREST DR CRESTVIEW, FL 32536	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHNEIDER, JOHN 128 LONG POINTE DR MARY ESTHER, FL 32569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATTER, GEORGE 8031 WHITE SANDS BLVD. NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGEN, HAROLD 9310 LUCIAN CT NAVARRE, FL 32566	
TITLE 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: <i>Kenneth W Kahler</i> KENNETH W KAHLER 4/22/08 850-682-8980 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



02242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3260920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/14/08-80028-020 61.25

**DO NOT WRITE
IN THIS SPACE**