

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90108 004 \*\*\*\*61.25

DOCUMENT # N99000001845

1. Entity Name

FAMILY OF CHRIST LUTHERAN CHURCH, TAMPA,  
FLORIDA, INC.



Principal Place of Business

16190 BRUCE B DOWN BLVD  
TAMPA FL 33647

Mailing Address

16190 BRUCE B DOWN BLVD  
TAMPA FL 33647

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3542869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

*Haara*  
HAARA, DAVID  
5065 SOUTHAMPTON CIRCLE  
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 DP  
NAME CORTELLO, JAMES  
STREET ADDRESS 19103 MANDARIA GROVE PL.  
CITY-ST-ZIP TAMPA FL 33647 ☒ Delete

TITLE DV  
NAME SIGL, FRANK  
STREET ADDRESS 17742 NATHANS DR.  
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE DS  
NAME VOGLER, KAREN JILL  
STREET ADDRESS 6203 EMMONS LANE  
CITY-ST-ZIP TAMPA FL 33647 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP  
NAME Reich, Michael  
STREET ADDRESS 19256 Wood Sage Dr.  
CITY-ST-ZIP Tampa, FL 33647 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*David Haara*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05

Date

Daytime Phone #