


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90039 044 \*\*\*\*61.25

<b>DOCUMENT # N99000001845</b> 1. Entity Name <b>FAMILY OF CHRIST LUTHERAN CHURCH, TAMPA, FLORIDA, INC.</b>					
Principal Place of Business <b>16190 BRUCE B DOWN BLVD TAMPA, FL 33647</b>			Mailing Address <b>16190 BRUCE B DOWN BLVD TAMPA, FL 33647</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>HAARA, DAVID</b> <b>5065 SOUTHAMPTON CIRCLE</b> <b>TAMPA, FL 33647</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 <u>David Haara Pastor</u> <span style="float: right;">2/13/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	DP	<input checked="" type="checkbox"/> Delete			
NAME	REICH, MICHEAL				
STREET ADDRESS	19256 WOOD SAGE DR				
CITY-ST-ZIP	TAMPA, FL 33647				
TITLE	DV	<input type="checkbox"/> Delete			
NAME	SIGL, FRANK				
STREET ADDRESS	17742 NATHANS DR.				
CITY-ST-ZIP	TAMPA, FL 33647				
TITLE	DS	<input checked="" type="checkbox"/> Delete			
NAME	VOGLER, KAREN JILL				
STREET ADDRESS	6203 EMMONS LANE				
CITY-ST-ZIP	TAMPA, FL 33647				
TITLE	<del>DT</del>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	John Saari				
STREET ADDRESS	5805 Riva Ridge Dr.				
CITY-ST-ZIP	Wesley Chapel, FL 33544				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Cindy Jacobs				
STREET ADDRESS	19229 Autumn Woods Ave				
CITY-ST-ZIP	Tampa, FL 33647				
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Mark Harman				
STREET ADDRESS	5051 Southampton Circle				
CITY-ST-ZIP	Tampa, FL 33647				
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: <u>John I. Saari</u> <span style="float: right;">13 Feb 07 813-827-2353</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					