


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90044 007 \*\*\*\*61.25

<b>DOCUMENT # N99000001845</b>					
<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 #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3542869	
Zip		Country		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HAARA, DAVID 5065 SOUTHAMPTON CIRCLE TAMPA, FL 33647			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP SAARI, JOHN 5805 RIVA RIDGE DR. WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DV SIGL, FRANK 17742 NATHANS DR. TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	DV Kirt Kiester 1124 Oxbridge Dr. Lutz, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
DS JACOBS, CINDY 19229 AUTUMN WOODS AVE. TAMPA, FL 33647	<input type="checkbox"/> Delete	DT Mike Morrow 3825 Turkey Oak Dr. Valrico, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
DT HARMON, MARK 5051 SOUTHAMPTON CIR. TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	DT Mike Morrow 3825 Turkey Oak Dr. Valrico, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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<b>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.</b>					
<b>SIGNATURE:</b> <u>William Harmon</u>			Date <u>2-2-08</u> Daytime Phone # <u>(813) 610-2262</u>		