2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N99000001845

FAMILY OF CHRIST LUTHERAN CHURCH, TAMPA,



Principal Place of Business

FLORIDA, INC.

Mailing Address

[TAMPA, FL 33647									
2. Principal f	Place of Busine	ess - No P.O. Box#	3. Maili	ng Address			\blacksquare						
								i (Bania) el			40111 64101	NO 81 (B42) B18 B4 B	musi en isen
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				01092008	Chg-N	Þ	CR2E	037 (12/06)	
City & State			City	City & State				4. FEI Number Applied For 59-3542869 Applied For Not Applied by					pplied For lot Applicable
Zip Country		Zip	Zip Cou			5. Certificate of Status Desired					\$8.75 Ad	ditional	
6. Name and Address of Current Registers				ed Agent				7. Name and	d Address	of New Re	gistered		
IIIAADA S) A \ (10) -					Name							
HAARA, DAVID 5065 SOUTHAMPTON CIRCLE TAMPA, FL 33647					Street Address (P.O. Box Number is Not Acceptable)								
I AWIFA, F	L 33041	<i>*</i>						• •				_	
				City							F	Zip Coo	de
		submits this statement for	or the purpo	ose of changing its	registere	ed office or	registere	d agent, or bo	oth, in the S	tate of Flor	rida. I an	n familiar with	, and accept
the obliga	tions of registe	ered agent.											
SIGNATURE		or printed name of registered agent	t and title if appli	icable. (NOT	E: Registere	J Agent signatur	re required w	hen reinstating)			DATE		
1				*****							•		
	_	e is \$61.25 ay 1, 2008		9. Election Car Trust Fund (5.00 May 6				ck payable t	
10.	_		IRECTORS							Florie	da Depa	rtment of S	itate
10.	Due by M	OFFICERS AND DI	IRECTORS		Contributi	on. [dded to Fees		Florie	da Depa	rtment of S	itate
TITLE NAME	Due by M DP SAARI, JO	OFFICERS AND DI	IRECTORS	Trust Fund (11. TITLE	on. [dded to Fees		Florie	da Depa	IRECTORS IN	itate
TITLE NAME STREET ADDRESS	DUE by M DP SAARI, JO 5805 RIVA	OFFICERS AND DI	IRECTORS	Trust Fund (11. TITLE NAMI	on. [dded to Fees		Florie	da Depa	IRECTORS IN	itate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAARI, JO 5805 RIVA WESLEY (OFFICERS AND DI	IRECTORS	Trust Fund (11. TITLE NAMI STRE	on. [AC	added to Fees	HANGES TO	Florie	da Depa	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP SAARI, JO 5805 RIVA WESLEY C	OFFICERS AND DI OFFICERS AND DI OHN A RIDGE DR. CHAPEL, FL 33544	IRECTORS	Trust Fund (11. TITLE NAMI STRE CITY	on. [AC	added to Fees	HANGES TO	Florie	da Depa	IRECTORS IN	itate
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	DP SAARI, JO 5805 RIVA WESLEY O DV SIGL, FRA	OFFICERS AND DI OFFICERS AND DI OHN A RIDGE DR. CHAPEL, FL 33544	RECTORS	Trust Fund (11. TITLE NAMI STRE CITY TITLE	on. [AC	added to Fees	HANGES TO	Florie	da Depa	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP SAARI, JO 5805 RIVA WESLEY O DV SIGL, FRA	OFFICERS AND DI OFFICERS AND DI OHN A RIDGE DR. CHAPEL, FL 33544 WANK THANS DR.	IRECTORS	Trust Fund (11. TITLE NAMI STRE CITY TITLE NAMI STRE	on. [AC	added to Fees	HANGES TO	Florie	da Depa	DIRECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAARI, JO 5805 RIVA WESLEY (DV SIGL, FRA 17742 NAT	OFFICERS AND DI OFFICERS AND DI OHN A RIDGE DR. CHAPEL, FL 33544 WANK THANS DR.	IRECTORS	Trust Fund (11. TITLE NAMI STRE CITY TITLE NAMI STRE CATY	on. E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	AC	dded to Fees	HANGES TO	Florie	da Depa	Artment of S DIRECTORS IF Change Change	N 10 Addition
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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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

FILED

Feb 11, 2008 8:00 am Secretary of State

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

☐ Change

Addition