

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719646

FILED
Jan 30, 2007
Secretary of State

Entity Name: ST. PAUL'S EVANGELICAL LUTHERAN CHURCH OF LAKE LAND, FLORIDA

Current Principal Place of Business:

4450 HARDEN BLVD
LAKE LAND, FL 338131433

New Principal Place of Business:

Current Mailing Address:

4450 HARDEN BLVD
LAKE LAND, FL 33813

New Mailing Address:

FEI Number: 59-0799921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOFF, REV. D
1714 TIERRA ALTA DR.
LAKE LAND, FL 33813 US

Name and Address of New Registered Agent:

GOFF, REV. D
6155 RIVERLAKE BLVD.
BARTOW, FL 33830 US

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.

SIGNATURE: DENNIS GOFF 01/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HINES, PAUL
Address: 920 FOXHALL
City-St-Zip: LAKE LAND, FL 33813

Title: TD () Delete
Name: HALL, JENNIFER
Address: 1314 SOUTHGLEN LANE
City-St-Zip: LAKE LAND, FL 33813

Title: SD () Delete
Name: HEIPP, YOLANDA
Address: 2132 HOOF PRINT LANE
City-St-Zip: LAKE LAND, FL 33811

Title: VP () Delete
Name: SHANNON, JOHN
Address: 154 LAKE HOLLINGSWORTH DRIVE
City-St-Zip: LAKE LAND, FL 33801

Title: MD () Delete
Name: GOFF, REV D
Address: 1714 TIERRA ALTA DR.
City-St-Zip: LAKE LAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MAMMELL, JIM
Address: 746 HANOVER WAY
City-St-Zip: LAKE LAND, FL 33813

Title: TD (X) Change () Addition
Name: STURGIS, JENNIFER
Address: 1314 SOUTHGLEN LANE
City-St-Zip: LAKE LAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WOLF, ANDREAS
Address: 5625 SPRINGLAKE DRIVE
City-St-Zip: LAKE LAND, FL 33811

Title: MD (X) Change () Addition
Name: GOFF, REV D
Address: 6155 RIVERLAKE BLVD.
City-St-Zip: BARTOW, FL 33830

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS GOFF MD 01/30/2007

Electronic Signature of Signing Officer or Director Date