

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725822

FILED
Apr 28, 2009
Secretary of State

Entity Name: LUTHERAN MINISTRY IN CHRIST, CORAL SPRINGS, BROWARD COUNTY, FLORIDA, INC.

Current Principal Place of Business:

NGS BROWARD COUNTY FLORIDA INC.
10021 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

NGS BROWARD COUNTY FLORIDA INC.
10021 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

New Mailing Address:

NGS BROWARD COUNTY FLORIDA INC.
10021 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

FEI Number: 59-1381047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, REGINA
2400 NW 18 TERRACE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

PONTIOUS, SANDI
3469 NW 108 TER
CORAL SPRINGS, FL 33065 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: SANDI PONTIOUS

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MC CARTY, STEVEN MR
Address: 903 NW 118 WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: BELLINO, JENNIFER MS.
Address: 1397 SW 48 AVE.
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: S () Delete
Name: WIEMANN, EDITH MRS.
Address: 7126 CANELLA CT.
City-St-Zip: TAMARAC, FL 33321

Title: T () Delete
Name: BETLACH, DOUGLAS MR.
Address: 3502 BROKEN WOODS DR.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN MC CARTY

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date