2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000003688

1. Entity Name
ABIDING SAVIOR LUTHERAN CHURCH OF CAPE CORAL, LEE COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
3503 SW 29TH AVE. CAPE CORAL, FL 33914-4837	3503 SW 29TH AVE. CAPE CORAL, FL 33914-4837

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01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
43-2078607
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUSIUS, RONALD W
3503 SW 29TH AVE.
CAPE CORAL, FL 33914-4837

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOETHER, CARL H
STREET ADDRESS	3405 SW 27TH ST.
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	SD
NAME	LARSON, EMELINE
STREET ADDRESS	20788 WHEELOCK DR., N.
CITY-ST-ZIP	FT. MYERS, FL 33917
TITLE	TD
NAME	VOGELPOHL, FREDERIC H
STREET ADDRESS	1815 NW 32ND CT.
CITY-ST-ZIP	CAPE CORAL, FL 33993
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/08-80009-012 61.25

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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.

SIGNATURE: Frederic H. Vogelpohl 21 FEB., 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #