


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90017 034 ****61.25

DOCUMENT # 745654 1. Entity Name CONCORDIA EVANGELICAL LUTHERAN CHURCH, INC.					
Principal Place of Business 300 BAREFOOD BLVD MICCO, FL 32976 US			Mailing Address 300 BAREFOOD BLVD MICCO, FL 32976 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1863729	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BORG-SVEJDA, REGINA 923 BALSAM ST. BARE FOOT BAY, FL 32976				7. Name and Address of New Registered Agent Name RICHTER, GORDON Street Address (P.O. Box Number is Not Acceptable) 7655 BLACKHAWK RD City MICCO FL Zip Code 32976	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 3-11-07 <small>(NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE T NAME BOYER, CHERI A STREET ADDRESS 1208 IRIQUOIS DR CITY-ST-ZIP BAREFOOT BAY, FL 32976	<input type="checkbox"/> Delete		TITLE S NAME RICHTER, ANN STREET ADDRESS 7655 BLACKHAWK RD CITY-ST-ZIP MICCO FL 32976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME THOMAS, DOROTHY STREET ADDRESS 1169 WATERWAY DR CITY-ST-ZIP BARE FOOT BAY, FL 32976	<input checked="" type="checkbox"/> Delete		TITLE P NAME RICHTER, GORDON STREET ADDRESS 7655 BLACKHAWK RD CITY-ST-ZIP MICCO FL 32976	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME ESPITEE, JOYCE STREET ADDRESS 144 DEL HONTE RD CITY-ST-ZIP SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE V NAME BORG-SVEJDA, REGINA STREET ADDRESS 923 BALSAM ST CITY-ST-ZIP BAREFOOT BAY FL 32976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME RICHTER, GORDON STREET ADDRESS 7655 BLACKHAWK RD CITY-ST-ZIP MICCO, FL 32976	<input checked="" type="checkbox"/> Delete		TITLE V NAME BORG-SVEJDA, REGINA STREET ADDRESS 923 BALSAM ST CITY-ST-ZIP BAREFOOT BAY FL 32976	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 772 664 1104 <small>Daytime Phone #</small>	