



# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 700266</b> 1. Entity Name <b>LUTHER MEMORIAL EVANGELICAL LUTHERAN CHURCH OF HOLLYWOOD, FLORIDA, INC.</b>						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <b>FILED</b>  <b>08 NOV 17 PM 1:02</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>			
Principal Place of Business <b>1925 N 60TH AVE 1925 N 60TH AVENUE HOLLYWOOD, FL 33021 US</b>				Mailing Address <b>1925 N 60TH AVE 1925 N 60TH AVENUE HOLLYWOOD, FL 33021 US</b>					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				11032008 REIN-NP CR2E099 (1/07)	
City & State Zip Country				City & State Zip Country				4. FEI Number <b>59-1705322</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required								Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ARTHUR J. GALLAGHER &amp; CO., ORLANDO. 7380 SAND LAKE ROAD SUITE 390 ORLANDO, FL 32819</b>						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
<b>FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50</b>				<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD <input type="checkbox"/> Delete NAME CORGEE, JAMES R STREET ADDRESS 3100 N OCEAN BLVD APT 2203 CITY-ST-ZIP FORT LAUDERDALE, FL 33308						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS <b>200138013682</b> CITY-ST-ZIP <b>11/17/08--01069--009 **245.00</b>			
TITLE SD <input checked="" type="checkbox"/> Delete NAME GALLAGHER, PAT STREET ADDRESS 9010 NW 21ST COURT CITY-ST-ZIP PEMBROKE PINES, FL 33024						TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Helen Braeseke STREET ADDRESS 1736 N. 16th Court "A" CITY-ST-ZIP Hollywood, FL 33020			
TITLE TD <input type="checkbox"/> Delete NAME SOEDER, BETTY STREET ADDRESS 7381 CLEVELAND ST CITY-ST-ZIP HOLLYWOOD, FL 33024						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VD <input type="checkbox"/> Delete NAME FELLOWS, DONS STREET ADDRESS P.O. BOX 813944 CITY-ST-ZIP HOLLYWOOD, FL 33081						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP						TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Betty Soeder</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						11/14/08 954.989-1766 <small>Date Daytime Phone #</small>			

11/18/08