

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 20, 2009  
Secretary of State**

DOCUMENT# 700822

Entity Name: PEACE LUTHERAN CHURCH OF PORT CHARLOTTE FLORIDA, INC.

**Current Principal Place of Business:**

21500 GIBRALTER DRIVE  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

21500 GIBRALTER DRIVE  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

FEI Number: 59-1386294      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACOBS, MARILYN  
4566 HERMAN CIRCLE  
PT. CHARLOTTE, FL 33948      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT      ( ) Delete  
Name: BURNS, JEFF  
Address: PO BOX 380972  
City-St-Zip: MURDOCK, FL 33938 09

Title: VP      ( ) Delete  
Name: ROBBINS, CHRISTINE  
Address: 23275 AVACADO AVE  
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: S      ( ) Delete  
Name: FOXALL, AGNES  
Address: 4338 SANSEDRO  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T      ( ) Delete  
Name: HANLECK, WENDY  
Address: 2412 AMBROSE LANE  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP      (X) Change ( ) Addition  
Name: STEPRO, REBECCA  
Address: 6471 MALALUKA RD  
City-St-Zip: NORTH PORT, FL 34287

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: WENDY HANLECK

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

01/20/2009

\_\_\_\_\_  
Date