2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# 700890

Entity Name: CHRIST THE KING LUTHERAN CHURCH INC LARGO, FLORIDA

Current Principal Place of Business:

11220 OAKHURST RD
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

11220 OAKHURST RD
LARGO, FL 33774

New Mailing Address:

FEI Number: 59-1205162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THURAU, MICHAEL REV.
13010 FOREST DR.
SEMINOLE, FL 33776 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:	T	( ) Delete
Name:	MULLER, DON	
Address:	12157 97TH AVE N	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	D	( ) Delete
Name:	NUNAMAKER, CAROLINE	
Address:	2905 BLUFFS DRIVE	
City-St-Zip:	LARGO, FL 33770	
Title:	FS	( ) Delete
Name:	DENNISON, DOLORES	
Address:	12695 139TH ST. N.	
City-St-Zip:	LARGO, FL 33774	
Title:	VPD	( ) Delete
Name:	BOECHE, JON	
Address:	10199 WINDTREE BLVD.	
City-St-Zip:	SEMINOLE, FL 33772	
Title:	P	( ) Delete
Name:	ILEY, MICHAEL	
Address:	13918 MEARES DRIVE	
City-St-Zip:	LARGO, FL 33774	
Title:	S	( ) Delete
Name:	PEREIRA, PAULINE	
Address:	6401 114TH STREET NORTH	
City-St-Zip:	SEMINOLE, FL 33772	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	C	(X) Change ( ) Addition
Name:	HABIB, DAVID	
Address:	13760 89TH AVE. N.	
City-St-Zip:	SEMINOLE, FL 33776	
Title:	T	(X) Change ( ) Addition
Name:	NUNAMAKER, CAROLINE	
Address:	2905 BLUFFS DRIVE	
City-St-Zip:	LARGO, FL 33770	
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: CAROLINE NUNAMAKER TREA 07/09/2007

Electronic Signature of Signing Officer or Director — Date