

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700890

FILED
Aug 01, 2008
Secretary of State

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: C () Delete
Name: HABIB, DAVID
Address: 13760 89TH AVE. N.
City-St-Zip: SEMINOLE, FL 33776

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

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

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

Title: P (X) Change () Addition
Name: BOECHE, JON
Address: 10199 WINDTREE BLVD.
City-St-Zip: SEMINOLE, FL 33772

Title: VP (X) Change () Addition
Name: YOST, TODD
Address: 8483 MONARCH CIRCLE
City-St-Zip: SEMINOLE, FL 33772

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

T

08/01/2008

Electronic Signature of Signing Officer or Director

Date