


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90032 045 ****61.25

DOCUMENT # 702907 1. Entity Name CHRIST THE KING EVANGELICAL LUTHERAN CHURCH OF TEQUESTA, INC.					
Principal Place of Business 46 WILLOW ROAD TEQUESTA, FL 33469-9647			Mailing Address 46 WILLOW ROAD TEQUESTA, FL 33469-9647 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1362911	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRYAN, RIDDLE 18337 OAKLEAF DR JUPITER, FL 33458				Name Louise Johnson Street Address (P.O. Box Number is Not Acceptable) 8228 S.E. Croft Circle J-1 Hobe Sound City FL Zip Code 33455	
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 <u><i>Louise Johnson</i></u> Louise Johnson <u>5/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 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	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, BRYAN		NAME	Johnson, Louise	
STREET ADDRESS	18337 OAKLEAF DR		STREET ADDRESS	8228 S.E. Croft Circle J-1	
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP	Hobe Sound, FL 33458	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULL, DARREN		NAME	Riddle, Bryan	
STREET ADDRESS	PO BOX 4268		STREET ADDRESS	18337 Oakleaf Dr.	
CITY-ST-ZIP	JUPITER, FL 33469		CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYBURG, BEN		NAME		
STREET ADDRESS	110 PALAMINO DR		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ILSE		NAME	Culler, Paul	
STREET ADDRESS	48 RIDGEWOOD CIRCLE		STREET ADDRESS	346 Fairway North Tequesta, FL	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	33469	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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><i>Bryan Riddle</i></u> Bryan Riddle <u>5/12/07</u> <u>561-312-2308</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40115300



05042007 Chg-NP CR2E037 (12/06)