


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90360 048 ****61.25

DOCUMENT # 703398					
1. Entity Name ST. MATTHEW'S LUTHERAN CHURCH OF MARION COUNTY, INC.					
Principal Place of Business 3453 N E SILVER SPRINGS BLVD OCALA, FL 32670		Mailing Address 3453 N E SILVER SPRINGS BLVD OCALA, FL 32670			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1492627	
				Applied For <input type="checkbox"/> Not Applicable	
				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		
WARD, GWENDA 1619 SE 5TH ST OCALA, FL 34471			JOHN CORNEILSON 2975 SE 40TH ST. OCALA, FL 34470		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
			FL		
Zip Code			Zip Code		
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 _____					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWENDA, WARD		NAME	JOHN CORNEILSON	
STREET ADDRESS	1619 SE 5TH ST.		STREET ADDRESS	2975 SE 40TH ST.	
CITY - ST - ZIP	OCALA, FL 344712511		CITY - ST - ZIP	OCALA, FL 34480	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, SUSAN		NAME	DAVID Mengers	
STREET ADDRESS	1619 SE 5TH ST		STREET ADDRESS	400 NE 52ND COURT	
CITY - ST - ZIP	OCALA, FL 34471		CITY - ST - ZIP	OCALA, FL 34470	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNEILSON, JOHN		NAME	ROBERT IRVIN	
STREET ADDRESS	1619 SE 5TH ST		STREET ADDRESS	1574 SW 16TH AVE. RD.	
CITY - ST - ZIP	OCALA, FL 34471		CITY - ST - ZIP	OCALA, FL 34473	
TITLE	FS	<input checked="" type="checkbox"/> Delete	TITLE	FS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, HARRY		NAME	KATHLEEN WOODRING	
STREET ADDRESS	1619 SE 5TH ST		STREET ADDRESS	1857 NE 40TH CIRCLE	
CITY - ST - ZIP	OCALA, FL 34471		CITY - ST - ZIP	OCALA, FL 34470	
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>J. Cornelson</u>			Date: <u>3/8/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		