

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703398

FILED
Apr 29, 2008
Secretary of State

Entity Name: ST. MATTHEW'S LUTHERAN CHURCH OF MARION COUNTY, INC.

Current Principal Place of Business:

3453 N E SILVER SPRINGS BLVD
OCALA, FL 32670

New Principal Place of Business:

3453 N E SILVER SPRINGS BLVD
OCALA, FL 344706405

Current Mailing Address:

3453 N E SILVER SPRINGS BLVD
OCALA, FL 32670

New Mailing Address:

FEI Number: 59-1492627 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNEILSON, JOHN
2975 SE 40TH ST
OCALA, FL 34470 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: VP () Delete
Name: MENGERS, DAVID
Address: 400 NE 52ND COURT
City-St-Zip: Ocala, FL 34470

Title: P () Delete
Name: CORNEILSON, JOHN
Address: 2975 SW 40TH ST
City-St-Zip: Ocala, FL 34480

Title: T () Delete
Name: IRVIN, ROBERT
Address: 15741 SW 16TH AVE RD
City-St-Zip: Ocala, FL 34473

Title: FS () Delete
Name: WOODRING, KATHLEEN
Address: 1857 NE 40TH CIRCLE
City-St-Zip: Ocala, FL 34470

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: () 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: JOHN CORNEILSON

P

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date