

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 02, 2009
Secretary of State**

DOCUMENT# 703398

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

Current Principal Place of Business:

3453 N E SILVER SPRINGS BLVD
OCALA, FL 344706405

New Principal Place of Business:

Current Mailing Address:

3453 N E SILVER SPRINGS BLVD
OCALA, FL 344706405

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CORNEILSON, JOHN
Address: 2975 SE 40TH ST.
City-St-Zip: Ocala, FL 34480

Title: VP (X) Change () Addition
Name: BINSTED, LISA
Address: 734 SE 24TH ST
City-St-Zip: Ocala, FL 34471

Title: T (X) Change () Addition
Name: CARDINAL, SHARON
Address: 476 SPRING LANE
City-St-Zip: Ocala, FL 34472

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

Title: FC () Change (X) Addition
Name: RADCLIFFE, DEBBY
Address: 417 NE 18TH AVE.
City-St-Zip: Ocala, FL 34470

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

MR

07/02/2009

Electronic Signature of Signing Officer or Director

Date