

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703398

FILED  
Feb 16, 2011  
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 34470 US

**New Principal Place of Business:**

**Current Mailing Address:**

3453 N E SILVER SPRINGS BLVD  
OCALA, FL 34470 US

**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:**

RADCLIFFE, DEBBY  
417 NE 18TH AVE  
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: P  
Name: RADCLIFFE, DEBBY  
Address: 417 NE 18TH AVE  
City-St-Zip: Ocala, FL 34470

Title: VP  
Name: HARTMAN, HARRY  
Address: 5243 NW 25TH LOOP  
City-St-Zip: Ocala, FL 34482

Title: T  
Name: CARDINAL, SHARON  
Address: 476 SPRING LANE  
City-St-Zip: Ocala, FL 34472

Title: S  
Name: DAMMEL, ARLENE  
Address: 1605 47TH AVE  
City-St-Zip: Ocala, FL 34470

Title: FC  
Name: COONES, BILL  
Address: 4525 SW 44TH COURT  
City-St-Zip: Ocala, FL 34474

I hereby 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 all other like empowered.

SIGNATURE: DEBBY RADCLIFFE

PRES

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date