

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 07, 2012
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 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:**CARDINAL, SHARON
476 SPRING LANE
OCALA, FL 34472 US

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: SHARON CARDINAL

12/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: BRACK, JUDI
Address: 9050 NE 17TH COURT
City-St-Zip: ANTHONY, FL 32617

Title: VP
Name: BALLIET, JEFFREY
Address: 12330 SE 100TH AVENUE
City-St-Zip: BELLVIEW, FL 34420

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

Title: S
Name: SHAFFER, SUSAN
Address: 1410 SE 39TH COURT
City-St-Zip: OCALA, FL 34471

Title: FC
Name: WATSON, GAIL
Address: 1844 NE 40TH COURT
City-St-Zip: OCALA, FL 34470

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: SHARON CARDINAL

T

12/07/2012

Electronic Signature of Signing Officer or Director

Date