

**.2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90029 033 ****70.00

DOCUMENT # 704188

1. Entity Name

RISEN SAVIOR LUTHERAN CHURCH (LCMS), INC.



Principal Place of Business

2220 PORT MALABAR BLVD NE
PALM BAY FL 32905

Mailing Address

2220 PORT MALABAR BLVD NE
PALM BAY FL 32905



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

Country

Zip

Country

4. FEI Number

59-1292881

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACLELLAN, ROBERT W
1290 WABASH RD SE
PALM BAY FL 32909

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 designation used with this statement)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JONES, JIM
STREET ADDRESS 497 ERMA CT NE
CITY-STATE-ZIP PALM BAY FL 32907

TITLE T ☐ Delete
NAME MACLELLAN, ROBERT W
STREET ADDRESS 1290 WABASH RD SE
CITY-STATE-ZIP PALM BAY FL 32909

TITLE S ☒ Delete
NAME LIVINGSTON, CINDY
STREET ADDRESS 238 NE SECOND ST.
CITY-STATE-ZIP SATELLITE BEACH FL 32937

TITLE TD ☐ Delete
NAME PANCAKE, MATTHEW
STREET ADDRESS 1610 BOTTLEBRUSH DR NE, APT 110
CITY-STATE-ZIP PALM BAY FL 32909

TITLE VP ☒ Delete
NAME CHIRIKAS, JIM
STREET ADDRESS 1850 CALMAR STREET NW
CITY-STATE-ZIP PALM BAY FL 32907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE S ☒ Change ☐ Addition
NAME KOCH, JOAN
STREET ADDRESS 528 TARR AVE SW
CITY-STATE-ZIP PALM BAY, FL 32908

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE V/D ☒ Change ☐ Addition
NAME GIESLER, MICHAEL
STREET ADDRESS 606 GEORGIA AVE
CITY-STATE-ZIP MELBOURNE, FL 32901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert W MacLellan* ROBERT W MACLELLAN 1/25/08 3219848987