2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704188

FILED Jaņ 1<u>9, 2</u>009 Secretary of State

Entity Name: RISEN SAVIOR LUTHERAN CHURCH (LCMS), INC.

Current Principal Place of Business: New Principal Place of Business:

2220 PORT MALABAR BLVD NE PALM BAY, FL 32905

Current Mailing Address: New Mailing Address:

2220 PORT MALABAR BLVD NE PALM BAY, FL 32905

FEI Number: 59-1292881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

JONES, JIM GIESLER, MICHAEL Name: Name: 497 ERMA CT NE Address: 606 GEORGIA AVENUE Address: City-St-Zip: PALM BAY, FL 32907 City-St-Zip: MELBOURNE, FL 32901

Title: () Delete Title: () Change () Addition MACLELLAN, ROBERT W Name: Name:

Address: 1290 WABASH RD SE Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip:

Title: Title: (X) Change () Addition () Delete KOCH, JOAN LIVINGSTON, CINDY Name: Name:

528 TARR AVE SW 238 NE SECOND ST Address: Address: City-St-Zip: PALM BAY, FL 32908 City-St-Zip: SATELLITE BEACH, FL 32937

(X) Change () Addition Title: TD () Delete Title: TD

PANCAKE, MATTHEW Name: Name: WALTON, MORT 1610 BOTTLEBRUSH DR NE, APT 110 Address: Address: 1577 GISINGER CT. NW City-St-Zip: PALM BAY, FL 32909 City-St-Zip: PALM BAY, FL 32907

Title: () Delete Title: (X) Change () Addition

GIESLER, MICHAEL ANDERSON, FRED Name: Name: 606 GEORGIA AVE 918 ABETO STINE Address: Address: MELBOURNE, FL 32901 City-St-Zip: City-St-Zip: PALM BAY, FL 32905

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: ROBERT W. MACLELLAN Т 01/19/2009