


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 16, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # 704280</b> 1. Entity Name ST. PETER EVANGELICAL LUTHERAN CHURCH, INC.	
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Principal Place of Business 2900 S JENKINS RD FORT PIERCE, FL 34981 US	Mailing Address 2900 S JENKINS RD FORT PIERCE, FL 34981 US
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07092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2389891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  RICE, THEODORE R. 2900 S JENKINS RD FORT PIERCE, FL 34981
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, JOHN 807 SOUTH 40TH. COURT FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLACK, PAULA 1717 PONDBURY LANE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWE, SUSAN 9405 BRITTAIN AVENUE FORT PIERCE, FL 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLMERS, HERB 775 HOWARD ST FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, DONNA 2070 COLONIAL ROAD #3 FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIERSALL, LIBBY 213 OSCEOLA AVE FORT PIERCE, FL 34982

000000768795  
07/16/07-80001-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Theodore R. Rice* THEODORE R. RICE

7/9/07 772-708-6823