

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2008 8:00 am
Secretary of State

01-29-2008 90027 016 *****8.75
06-02-2008 90009 003 *****52.50

DOCUMENT # 706144	
1. Entity Name NATIVITY LUTHERAN CHURCH OF PALM BEACH GARDENS, INC.	

Principal Place of Business OF PALM BEACH GARDENS FLORIDA 4075 HOLLY DRIVE PALM BEACH GARDENS, FL 33410	Mailing Address OF PALM BEACH GARDENS FLORIDA 4075 HOLLY DRIVE PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE

01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1109086	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
THOMAS WEBER P	<i>Weber, Thomas P.</i>
14369 69TH DRIVE NORTH PALM BEACH GARDENS, FL 33418	

**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:  *1-8-08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

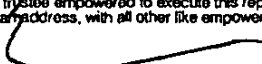
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THOMAS WEBER D <i>Weber, Thomas P.</i>
STREET ADDRESS	14369 69TH DRIVE NORTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DV
NAME	HOECHER, ERIC <i>Hoecker, Eric</i>
STREET ADDRESS	518 DRIFTWOOD ROAD
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	TD
NAME	POWER, SCOTT
STREET ADDRESS	4088 HOLLY DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	SD
NAME	GRIFFIS, LINDA
STREET ADDRESS	736 MARITIME WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  *1-8-08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #