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	Mailing Address
OF PALM BEACH GARDENS FLORIDA 4075 HOLLY DRIVE PALM BEACH GARDENS, FL 33410	OF PALM BEACH GARDENS FLORIDA 4075 HOLLY DRIVE PALM BEACH GARDENS, FL 33410

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01082008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-1109086
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, WEBER P Weber, Thomas P.
14369 69TH DRIVE NORTH
PALM BEACH GARDENS, FL 33418

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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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	THOMAS, WEBER P Weber, Thomas P.
STREET ADDRESS	14369 69TH DRIVE NORTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DV
NAME	HOECHER, ERIC Hoecker, Eric
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 MARITME WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #