2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# 706476

Entity Name: BETHANY LUTHERAN CHURCH OF LEESBURG, FLORIDA, INC.

Current Principal Place of Business:

1334 GRIFFIN ROAD
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

1334 GRIFFIN RD
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-2440906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GENZEN, GARY C
32523 CRYSTAL BREEZE LANE
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHULTZ, ROBERT W
Address: 04324 EMMAUS RD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: S ( ) Delete
Name: LUNKES, SUE C
Address: 26328 NEWCOMBE CIR.
City-St-Zip: LEESBURG, FL 34748

Title: FSD ( ) Delete
Name: SMITH, JACK E.
Address: 965 AVALON
City-St-Zip: LADY LAKE, FL 32159

Title: TD ( ) Delete
Name: BUTCHART, WILLIAM G
Address: 26535 DEUCE CT
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WILKINS, DOLORES A
Address: 110 BUTLER CIRCLE
City-St-Zip: LEESBURG, FL 34788

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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. SCHULTZ PD 01/06/2005

Electronic Signature of Signing Officer or Director — Date