2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# 706617

Entity Name: THE LUTHERAN CHURCH OF THE RESURRECTION OF COCOA BEACH FLORIDA, INC.

Current Principal Place of Business:

525 MINUTEMAN CAUSEWAY
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

525 MINUTEMAN CAUSEWAY
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 59-1882016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERGSTRESSER, JOHN J REV
525 MINUTEMAN CAUSEWAY
COCOA BEACH, FL 32931 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: TD ( ) Delete
Name: YOST, RAY
Address: 444 INDIAN CREEK DRIVE
City-St-Zip: COCOA BEACH, FL 32931

Title: PT ( ) Delete
Name: STEES, RICK
Address: 21 BOUGAINVILLEA DR
City-St-Zip: COCOA BEACH, FL 32921

Title: VPD ( ) Delete
Name: DOMSCHKE, ALFRED
Address: 3570 CHANCELLORSVILLE AVE
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: RESCOTT, DEBRA R
Address: 1790 MILI AVENUE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PT (X) Change ( ) Addition
Name: DOMSCHKE, ALFRED
Address: 3570 CHANCELLORSVILLE AVE
City-St-Zip: MELBOURNE, FL 32934

Title: VPD (X) Change ( ) Addition
Name: GRAY, JAMES
Address: 332 FORMOSA DR
City-St-Zip: COCOA BECH, FL 32931

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: DEBRA R. RESCOTT TD 03/29/2009

Electronic Signature of Signing Officer or Director — Date