2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707590

FILED Mar 08, 2006 Secretary of State

Entity Name: ADVENT LUTHERAN CHURCH INC

Current Principal Place of Business:		New Principal Place of Business:
2156 LOC ORANGE	H RANE BLVD PARK, FL 32073	
Current N	Mailing Address:	New Mailing Address:
	H RANE BLVD PARK, FL 32073	
FEI Number	:: 59-6498117 FEI Number Applied For) FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Age	nt: Name and Address of New Registered Agent:
2156 LOC ORANGE The above	DBERT M REV. H RANE BLVD PARK, FL 32073 US e named entity submits this statement for e of Florida.	r the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registere	ed Agent Date
OFFICER	S AND DIRECTORS:	ed Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Γitle: √ame: √ddress:	S AND DIRECTORS: PD () Delete PINGEL, FRITZ 296 EDINBURGH LANE.	•
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S AND DIRECTORS: PD () Delete PINGEL, FRITZ 296 EDINBURGH LANE.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	S AND DIRECTORS: PD () Delete PINGEL, FRITZ 296 EDINBURGH LANE. ORANGE PARK, FL 32073 S () Delete BOLLA, MARY 925 LONG RIDGE COURT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	S AND DIRECTORS: PD () Delete PINGEL, FRITZ 296 EDINBURGH LANE. ORANGE PARK, FL 32073 S () Delete BOLLA, MARY 925 LONG RIDGE COURT ORANGE PARK, FL 32065 T () Delete SMITH, MARTY 1871 INLET COVE CT.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: 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 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: ROBERT M. HALE PR. 03/08/2006