


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90052 022 \*\*\*\*61.25

**DOCUMENT # 708237**

1. Entity Name  
**PRINCE OF PEACE LUTHERAN CHURCH OF FERNANDINA BEACH, INCORPORATED**



Principal Place of Business  
**2600 ATLANTIC AVE  
 FERNANDINA BEACH, FL 32034**

Mailing Address  
**2600 ATLANTIC AVE  
 FERNANDINA BEACH, FL 32034**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04052008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1301849** Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
**MALCOM, BRUCE  
 521 TARPON AVE  
 FERNANDINA BEACH, FL 32034**

7. Name and Address of New Registered Agent  
 Name **Joshua Sherrill**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1721 Pheasant Ln**  
 City **Fernandina Beach** FL Zip Code **32034**

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 Joshua Sherrill, President DATE 4/5/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FIGUEROA, RICHARD</b> <b>203 CRICHTON WAY</b> <b>SAINT MARYS, GA 31558</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MALCOM, BRUCE</b> <b>521 TARPON AVE</b> <b>FERNANDINA BEACH, FL 32034</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KRAMER, ED</b> <b>86012 LOFTON CT</b> <b>YULEE, FL 32097</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERSON, JANE</b> <b>4112 S. FLETCHER AVE</b> <b>FERNANDINA BEACH, FL 32034</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FARMER, SUSAN</b> <b>23751 FLORA PARKE BLVD</b> <b>FERNANDINA BEACH, FL 32034</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, MARGIE</b> <b>403 TARPON AVE #323</b> <b>FERNANDINA BEACH, FL 32034</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Edna Swithers</b> <b>85035 Bosticwood Dr.</b> <b>Fernandina Beach, FL 32034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Mary Jordan</b> <b>1895 Hometown Dr.</b> <b>Fernandina Beach, FL 32034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Maren Heaney</b> <b>1609 Regatta Dr.</b> <b>Fernandina Beach, FL 32034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Paul LaRoche</b> <b>1558 Canopy Dr.</b> <b>Fernandina Beach, FL 32034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Barry Lyle</b> <b>926 S 18th St</b> <b>Fernandina Beach, FL 32034</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Joshua Sherrill DATE 4/5/08 PHONE 904-277-4997