2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708691

FILED Jul 01, 2005 Secretary of State

Entity Name: ST. PHILIP LUTHERAN CHURCH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

1050 BOYD DR

MOUNT DORA, FL 32757 US

Current Mailing Address: New Mailing Address:

BOYD DRIVE GOLDEN HEIGHTS BOYD DRIVE GOLDEN HEIGHTS P.O. BOX 865 P.O. BOX 865 MOUNT DORA, FL 327560865 MOUNT DORA, FL 327560865 US

FEI Number: 59-1965947 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GERALDINE, WOLTER 450 LIBERTY AVE., #3 MOUNT DORA, FL 32757 US

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete GREEN, TAMMY YERKES, DEBBIE Name: Name: 19 LAKESIDE AVE. Address: 19010 BATES AVE Address: City-St-Zip: UMATILLA, FL 32784 City-St-Zip: EUSTIS, FL 32726 US

Title: () Delete Title: (X) Change () Addition GUCKENBERGER, SANDRA GUCKENBERGER, SANDRA Name: Name: Address: 2261 PARK FOREST BLVD Address: 2261 PARK FOREST BLVD City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757 US

Title: () Delete Title: VD (X) Change () Addition

BELLOFF, JOHN BELLOFF, JOHN Name: Name: 36 BUCCANEER DR 36 BUCCANEER DR Address: Address: City-St-Zip: LEESBURG, FL 34788. City-St-Zip: LEESBURG, FL 34788, US

() Delete Title: PD Title: PD (X) Change () Addition

Name: GERALDINE, WOLTER Name: SKIPP, DAVID 450 LIBERTY AVE., #3 Address: Address: 8031 ARCADIAN CT. City-St-Zip: UMATILLA, FL 32784 City-St-Zip: MT. DORA, FL 32757 US

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: DAVID SKIPP PD 07/01/2005