2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708691

FILED May 01, 2006 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 P.O. BOX 865 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition YERKES, DEBBIE FRANKLIN, AMY Name: Name: 19010 BATES AVE. Address: 7430 HARBOR VIEW DR. Address: City-St-Zip: EUSTIS, FL 32726 US City-St-Zip: LEESBURG, FL 34788 US Title: () Delete Title: () Change () Addition GUCKENBERGER, SANDRA Name: Name: Address: 2261 PARK FOREST BLVD Address: City-St-Zip: MOUNT DORA, FL 32757 US City-St-Zip: Title: VD. () Delete Title: VD. (X) Change () Addition BELLOFF, JOHN RUBLEE, LINDA Name: Name: 36 BUCCANEER DR Address: Address: 3344 SARATOGA DR City-St-Zip: LEESBURG, FL 34788, US City-St-Zip: TAVARES, FL 32778 US () Delete Title: PD Title: () Change () Addition SKIPP, DAVID Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: SANDRA GUCKENBERGER TD 05/01/2006

8031 ARCADIAN CT.

MT. DORA, FL 32757 US

Address:

City-St-Zip: