
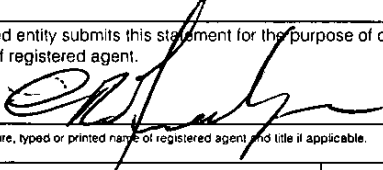



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90023 035 \*\*\*\*61.25

<b>DOCUMENT # 708691</b>			
1. Entity Name ST. PHILIP LUTHERAN CHURCH, INCORPORATED			
Principal Place of Business 1050 BOYD DR MOUNT DORA, FL 32757 US		Mailing Address BOYD DRIVE GOLDEN HEIGHTS <del>P.O. BOX 865</del> <del>MOUNT DORA, FL 32756-0865 US</del>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1050 Boyd Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Mount Dora, FL 327	
Zip	Country	Zip	Country
32757	USA	32757	USA
6. Name and Address of Current Registered Agent RUBLEE, LINDA 3344 SARATOGA DR TAVARES, FL 32778		7. Name and Address of New Registered Agent Name: Guckenberger, Richard Street Address (P.O. Box Number is Not Acceptable): 2261 Park Forest Blvd. City: Mount Dora FL Zip Code: 32757	
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 		DATE: 1-10-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD FRANKLIN, AMY <input checked="" type="checkbox"/> Delete	TITLE	SO Yerkes, Deborah <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKLIN, AMY	NAME	Yerkes, Deborah
STREET ADDRESS	7430 HARBOR VIEW DR.	STREET ADDRESS	19010 Bates Ave.
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP	Eustis, FL 32726
TITLE	TD GUCKENBERGER, SANDRA <input checked="" type="checkbox"/> Delete	TITLE	TD Glass, Austin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUCKENBERGER, SANDRA	NAME	Glass, Austin
STREET ADDRESS	2261 PARK FOREST BLVD	STREET ADDRESS	2707 Bayview Dr.
CITY-ST-ZIP	MOUNT DORA, FL 32757	CITY-ST-ZIP	Eustis, FL 32726
TITLE	PD RUBLEE, LINDA <input checked="" type="checkbox"/> Delete	TITLE	PD Guckenberger, Richard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBLEE, LINDA	NAME	Guckenberger, Richard
STREET ADDRESS	3344 SARATOGA DR	STREET ADDRESS	2261 Park Forest Blvd.
CITY-ST-ZIP	TAVARES, FL 32778	CITY-ST-ZIP	Mount Dora, FL 32757
TITLE	VD GUCKENBERGER, RICHARD <input checked="" type="checkbox"/> Delete	TITLE	VD Lange, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUCKENBERGER, RICHARD	NAME	Lange, Robert
STREET ADDRESS	2261 PARK FOREST BLVD	STREET ADDRESS	5895 Bounty Cir.
CITY-ST-ZIP	MOUNT DORA, FL 32757	CITY-ST-ZIP	TAVARES, FL 32778
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	