

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708691

FILED
Jan 21, 2009
Secretary of State

Entity Name: ST. PHILIP LUTHERAN CHURCH, INCORPORATED

Current Principal Place of Business:

1050 BOYD DR
MOUNT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

1050 BOYD DR
MOUNT DORA, FL 32757 US

New Mailing Address:

FEI Number: 59-1965947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUCKENBERGER, RICHARD
2261 PARK FOREST BLVD
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

LANGE, ROBERT
5895 BOUNTY CIR.
TAVARES, FL 32778 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: ROBERT LANGE

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: YERKES, DEBORAH
Address: 19010 BATES AVE
City-St-Zip: EUSTIS, FL 32726 US

Title: TD () Delete
Name: GLASS, AUSTIN
Address: 2707 BAYVIEW DR
City-St-Zip: EUSTIS, FL 32726 US

Title: PD () Delete
Name: GUCKENBERGER, RICHARD
Address: 2261 PARK FOREST BLVD
City-St-Zip: MOUNT DORA, FL 32757 US

Title: VD () Delete
Name: LANGE, ROBERT
Address: 5895 BOUNTY CIR
City-St-Zip: TAVARES, FL 32778 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: GIBSON, YVONNE
Address: 1210 NASSAU CIR.
City-St-Zip: TAVARES, FL 32778 US

Title: TD (X) Change () Addition
Name: KNIEPKAMP, RALPH
Address: 7010 HARBOR VIEW DR.
City-St-Zip: LEESBURG, FL 34788 US

Title: PD (X) Change () Addition
Name: LANGE, ROBERT
Address: 5895 BOUNTY CIR.
City-St-Zip: TAVARES, FL 32778 US

Title: VD (X) Change () Addition
Name: STEWART, DONALD
Address: 5008 ADRIATIC AVE.
City-St-Zip: TAVARES, FL 32778 US

I hereby certify that the information supplied with this filing does not qualify 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 LANGE

PD

01/21/2009

Electronic Signature of Signing Officer or Director

Date