

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90037 032 \*\*\*\*70.00

<b>DOCUMENT # 709560</b> 1. Entity Name <b>FIRST LUTHERAN CHURCH OF EAST HERNANDO COUNTY, INC.</b>					
Principal Place of Business <b>30419 PARK RIDGE DR. BROOKSVILLE, FL 34602 US</b>			Mailing Address <b>30419 PARK RIDGE DR. BROOKSVILLE, FL 34602 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2674877</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>NELSON, LAVERN 7727 CR 659/ P.O BOX 227 NOBLETON, FL 33513</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           SIGNATURE:   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%; text-align: right;"> <b>2/21/08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT NELSON, LAVERN 7727 CR 659/ P.O. BOX 227 NOBLETON, FL 33513</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS Mary Locke 3330 S Ridge Manor Blvd. Ridge Manor, FL 33523</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HILL, DAVE 31248 SATINLEAF RUN BROOKSVILLE, FL 34602</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP Helga Ungerer 31228 Blanton Road Dade City, FL 33523</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HILL, MARY ANN 34451 CEDARFIELD DRIVE RIDGE MANOR, FL 33523</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Seals, Rebecca 5479 Fairway Blvd Drive Ridge Manor, FL 33523</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MCMILLAN, BILLY 6040 KNOLDOOD DRIVE RIDGE MANOR, FL 33523</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Spindler, Joyce 7248 Periwinkle Court Brooksville, FL 34602</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOODHOUSE, CHARLES PO BOX 98 NOBLETON, FL 34661</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Baunack, Charlene Breezy Oaks # 48 Bushnell, FL 33512</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CARLSON, ANDREA P.O. BOX 94 NOBLETON, FL 34661</b>	<input checked="" type="checkbox"/> Delete	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.					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date: <b>2/21/08</b> Daytime Phone #: <b>352 793 5466</b>	