2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709588

FILED Feb 18, 2009 Secretary of State

Entity Name: LUTHERAN CHURCH OF THE CROSS, INC. OF ST. PETERSBURG, FLORIDA

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

4545 CHANCELLOR STREET ST PETERSBURG, FL 33703

Current Mailing Address: New Mailing Address:

4545 CHANCELLOR STREET ST PETERSBURG, FL 33703

FEI Number: 59-1116429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GRUBBS, KEVIN D MAINELLI, KARI C
937 SNELL ISLE BLVD NE 1911 IOWA AVENUE NE

SAINT PETERSBURG, FL 33704 US SAINT PETERSBURG, FL 33703 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: KARI MAINELLI 02/18/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: GRUBBS, KEVIN D Name: JOHNSON, CINDY J

Address: 937 SNELL ISLE BLVD NE Address: 1161 DARLINGTON OAK DR. NE City-St-Zip: SAINT PETERSBURG, FL 33704 City-St-Zip: SAINT PETERSBURG, FL 33703

Title: FS () Delete Title: () Change () Addition

Name:SAYLER, ALAN PName:Address:1909 TANGLEWOOD DR NEAddress:City-St-Zip:SAINT PETERSBURG, FL 33702City-St-Zip:

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

Name: JOHNSON, CINDY C Name: BALLESTRA, CHRIS C Address: 1161 DARLINGTON OAK DR NE Address: 3901 14TH WAY NE

City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: SAINT PETERSBURG, FL 33703

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

Name: MAINELLI, KARI C

Address: 1911 IOWA AVE NE Address: 1911 IOWA AVE NE

City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: SAINT PETERSBURG, FL 33703

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: KARI MAINELLI TD 02/18/2009