

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709831

FILED
Apr 21, 2008
Secretary of State

Entity Name: ST. MATTHEW'S EVANGELICAL LUTHERAN CHURCH

Current Principal Place of Business:

6801 MERRILL ROAD
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

Current Mailing Address:

6801 MERRILL ROAD
JACKSONVILLE, FL 32277 US

New Mailing Address:

FEI Number: 59-6044099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IMHOFF, DAVID E REV.
6801 MERRILL ROAD
JACKSONVILLE, FL 32277 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: IMHOFF, DAVID E REV.
Address: 6801 MERRILL ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD () Delete
Name: ANDERSON, JILL
Address: 13877 PLEASANTVIEW DRIVE N
City-St-Zip: JACKSONVILLE, FL 32252119

Title: PD () Delete
Name: DORETY, JOSEPH
Address: 3774 COLONY COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD () Delete
Name: SMYSER, DAWN
Address: 1510 SPINDRIFT CIRCLE WEST
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: LEIALOHA, HANK
Address: 3677 CAVANAUGH DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JILL C ANDERSON

TD

04/21/2008

Electronic Signature of Signing Officer or Director

Date