2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709831

Apr 22, 2009 Secretary of State

Date

Entity Name: ST. MATTHEW'S EVANGELICAL LUTHERAN CHURCH

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

6801 MERRILL ROAD

JACKSONVILLE, FL 32277 LIS

Current Mailing Address: New Mailing Address:

6801 MERRILL ROAD

JACKSONVILLE, FL 32277 US

FEI Number: 59-6044099 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:

IMHOFF, DAVID E REV. ST. MATTHEW'S LUTHERAN CHURCH 6801 MÉRRILL ROAD 6801 MERRILL ROAD

JACKSONVILLE, FL 32277 US JACKSONVILLE, FL 32277 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: JILL ANDERSON, TREASURER

04/22/2009

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

IMHOFF, DAVID E REV. CARLSON, CASEY Name: Name: 6801 MERRILL ROAD Address: 12308 GLENN HOLLOW DR Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32226 US

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

ANDERSON, JILL Name: Name: FARRELL, PAUL Address: 13877 PLEASANTVIEW DRIVE N Address: 5312 CLIFTON ROAD City-St-Zip: JACKSONVILLE, FL 322252119 City-St-Zip: JACKSONVILLE, FL 32211 US

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

LEIALOHA, HANK ANDERSON, JILL Name: Name:

3677 CAVANAUGH DRIVE 13877 PLEASANTVIEW DRIVE NORTH Address: Address:

City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: JACKSONVILLE, FL 32225 US

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

Name: SMYSER, DAWN Name: SCOTT, TOI

1510 SPINDRIFT CIRCLE WEST 14016 DEVAN LEE DRIVE NORTH Address: Address: City-St-Zip: NEPTUNE BEACH, FL 32266 City-St-Zip: JACKSONVILLE, FL 32226 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: JILL ANDERSON TD 04/22/2009