2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711339

FILED Apr 02, 2008 Secretary of State

Entity Name: GUARDIAN LUTHERAN CHURCH AND SCHOOL OF MANDARIN, FLORIDA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	SCO ROAD NVILLE, FL 32	2571503			
Current N	Mailing Addre	ss:	New Mailing Addre	ss:	
	SCO ROAD NVILLE, FL 32	2571503			
FEI Numbei	r: 59-1153478	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
1530 STC GREEN C The above	, ROBERT DINE BRIAR RE COVE SPRING The named entity the of Florida.	S, FL 32043 US	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU					
0.014/110		nic Signature of Registered Ag	uont	Data	
	Liectio	ino orginatare or registered rig	Ellr	Date	
OFFICER	S AND DIREC			Date BES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	PD (KORMAN, ROI 1530 STONE E	CTORS:) Delete BERT			
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD (KORMAN, ROI 1530 STONE E GREEN COVE TD (KOLESAR, RU	Delete BERT BRIAR RD. SPRINGS, FL 32043 Delete DOLF CPINES CIRCLE	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD (KORMAN, ROI 1530 STONE E GREEN COVE TD (KOLESAR, RU 11210 RUSTIC JACKSONVILL	Delete BERT BRIAR RD. SPRINGS, FL 32043 Delete DOLF PINES CIRCLE LE, FL 32257 () Delete WE N DRIVE W.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	PD (KORMAN, ROI 1530 STONE E GREEN COVE TD (KOLESAR, RU 11210 RUSTIC JACKSONVILL D () BRANNEN, DA 9930 WATSON JACKSONVILL SD (JENNEJAHN, N	Delete BERT BRIAR RD. SPRINGS, FL 32043 Delete DOLF PINES CIRCLE LE, FL 32257 () Delete NE N DRIVE W. LE, FL 32257 Delete MARNI ERING FOREST DR #1209	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS () Change () Addition () Change () Addition	

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: CHRISTY PERKINS CFO 04/02/2008