

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713780

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: ST. MICHAEL EVANGELICAL LUTHERAN CHURCH OF FORT MYERS, FLORIDA, INC.

**Current Principal Place of Business:**

3595 BROADWAY  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3595 BROADWAY  
FT. MYERS, FL 33901

**New Mailing Address:**

FEI Number: 59-0791044      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STEWART, WILLIAM L.  
17752 GRANDE BAYOU CT.  
FT MYERS, FL 33908 US

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

RHINEHART, CHARLES M  
3595 BROADWAY  
FT MYERS, FL 33901 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: C MICHAEL RHINEHART

04/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROACH, MIKE  
Address: 12739 KEDLESTON CIR  
City-St-Zip: FORT MYERS, FL 33912

Title: T ( ) Delete  
Name: POHLMAN, JACK  
Address: 13836 BALD CYPRESS  
City-St-Zip: FORT MYERS, FL 33907

Title: V ( ) Delete  
Name: MACKENZIE, JOHN  
Address: 13981 EAGLE RIDGE LAKES DR #102  
City-St-Zip: FORT MYERS, FL 33912

Title: S ( ) Delete  
Name: HELTON, DEBORAH  
Address: 2630 NW 1ST AVE  
City-St-Zip: CAPE CORAL, FL 33993

Title: D ( ) Delete  
Name: BETANCOURT, BOB  
Address: 5055 WESTMINSTER DR  
City-St-Zip: FORT MYERS, FL 33919

Title: P ( ) Delete  
Name: CAMPBELL, DAVID  
Address: 12225 MASSANABO LANE  
City-St-Zip: FORT MYERS, FL 33919

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

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

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

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

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

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

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: DEBORAH HELTON

S

04/23/2009

Electronic Signature of Signing Officer or Director

Date