2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004
Secretary of State

DOCUMENT# 725822

Entity Name: LUTHERAN MINISTRY IN CHRIST, CORAL SPRINGS, BROWARD COUNTY, FLORIDA, INC.

Current Principal Place of Business:

NGS BROWARD COUNTY FLORIDA INC.
10021 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

NGS BROWARD COUNTY FLORIDA INC.
10021 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 59-1381047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REED, REGINA
2400 NW 18 TERRACE
CORAL SPRINGS, FL 33065 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: PT ( ) Delete
Name: PARKER, JULIE
Address: 3058 LILLIAN LANE
City-St-Zip: MARGATE, FL 33063

Title: VT ( ) Delete
Name: KLITZ, ROBERT
Address: 11540 NW 31 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete
Name: PAZDRA, DALE
Address: 10918 NW 41 DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T ( ) Delete
Name: BETLACH, DOUG
Address: 3502 BROKEN WOODS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: GROLL, JAYNE MRS.
Address: 8855 SW 1 PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VT (X) Change ( ) Addition
Name: KELLER, TOM MR.
Address: 5699 NW 86 AVE.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S (X) Change ( ) Addition
Name: KLITZ, ROBERT MR.
Address: 11540 NW 31 STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T (X) Change ( ) Addition
Name: BETLACH, DOUG MR.
Address: 3502 BROKEN WOODS DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAYNE GROLL PT 02/17/2004

Electronic Signature of Signing Officer or Director — Date