

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# 726500

Entity Name: BETHANY EVANGELICAL LUTHERAN CHURCH, INC. OF NORTH FORT MYERS, FLORIDA

Current Principal Place of Business:

264 EVERGREEN ROAD
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

264 EVERGREEN ROAD
NORTH FORT MYERS, FL 33903

New Mailing Address:

FEI Number: 59-1482625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCIS, JAMES
264 EVERGREEN
FORT MYERS, FL 33903 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: TD () Delete
Name: DUFFY, JOSEPH
Address: 6870 MARNA LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD () Delete
Name: LOZEN, DOUG
Address: 420 DAYTON AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: PD () Delete
Name: FRANCIS, JAMES
Address: 17100 N. TAMiami TRAIL -LOT 226
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: ZASTROW, EARL
Address: 3368 N KEY DR., #2
City-St-Zip: NORTH FORT MYERS, FL 33903

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:

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: JAMES FRANCIS

PD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date