


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**


02-19-2008 90014 042 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # 726809</b><br>1. Entity Name<br>PEACE EVANGELICAL LUTHERAN CHURCH, INC. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>1611 - 30TH AVENUE, WEST<br>BRADENTON, FL 34205 | Mailing Address<br>1611 - 30TH AVENUE, WEST<br>BRADENTON, FL 34205 |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

4004100

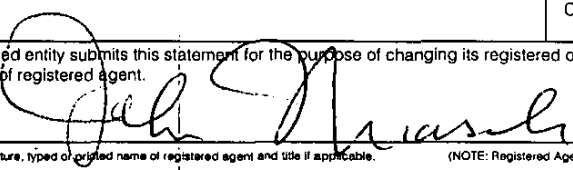


01312008 Chg-NP CR2E037 (12/06)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-1005060                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>MAASCH, JOHN F REV<br>108 47TH STREET CT NW<br>BRADENTON, FL 34209 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|---|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

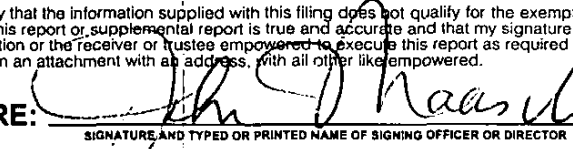
SIGNATURE  DATE 2-12-08

\* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |                                |  |
|---|---|--------------------------------|--|
| Filing Fee is \$61.25<br>Due by May 1, 2008 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>ROHN, ALAN<br>2411 45TH COURT WEST<br>BRADENTON, FL 34209 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>NOLTE, NATHAN<br>3012 18TH AVE. W.<br>BRADENTON, FL 34209 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | NOLTE, NATHAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PETERS, CHRIS<br>4112-52ND STREET CT. W.<br>BRADENTON, FL 34209 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>BAERGER, MARK T<br>4501 MANATEE AVE W, #240<br>BRADENTON, FL 34209 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TREASURER<br>PETERS, CHRIS<br>4112 S 2ND ST CT W.<br>BRADENTON FL 34209 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 2-12-08 DAYTIME PHONE # 941-747-2373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR