

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728332

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: LUTHERAN CHURCH OF PROVIDENCE, INC.

**Current Principal Place of Business:**

1696 PROVIDENCE BLVD  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

1696 PROVIDENCE BLVD  
DELTONA, FL 32725

**New Mailing Address:**

FEI Number: 59-1287574      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RAUSCHER, PAUL N  
50 LAKE FAIRGREEN CIR.  
NEW SMYRNA BEACH, FL 32168      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: PD      ( ) Delete  
Name: SYLVESTER, CHESTER  
Address: 2131 SWANSON DR  
City-St-Zip: DELTONA, FL 32738

Title: VD      ( ) Delete  
Name: BARRIS, DAVID  
Address: 750 BRECHNER TERR.  
City-St-Zip: DELTONA, FL 32738

Title: S      ( ) Delete  
Name: SCHMITT, SHARI  
Address: 112 CATALINA DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: T      ( ) Delete  
Name: WHOLLY, KAREN  
Address: 1781 BREWTON CIRCLE  
City-St-Zip: DELTONA, FL 32738

**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: PAUL N RAUSCHER

Electronic Signature of Signing Officer or Director

REV

06/23/2009

\_\_\_\_\_ Date