


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 729818 1. Entity Name ZION LUTHERAN CHURCH OF SOUTH FORT MYERS, INCORPORATED	
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Principal Place of Business 7401 WINKLER RD. FORT MYERS, FL 33919	Mailing Address 7401 WINKLER RD. FORT MYERS, FL 33919
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DO NOT WRITE IN THIS SPACE

02142007 No Chg-NP		CR2E037 (4/06)
4. FEI Number 59-6473920	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HENRY, MERLE F.
 4379 JIB BOOM CT. 1D
 FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

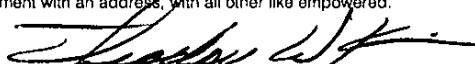
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POPPE, GERALD 8871 KING LEAR CT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEE, DAVID 15051 LAKESIDE VIEW DR 2002 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOOPMAN, KEN 7201 FALCON CREST CT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIOPER, TOM 14442 REFLECTION LAKES DR FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KISER, TED 6470 QUAIL HOLLOW LANE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, JAMES 233 VIOLET DRIVE SANIBEL, FL 33957

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1100000850272
 03/08/07-80005-002 61.25

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: 2/20/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR