

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90001 010 ****70.00

DOCUMENT # 730162 1. Entity Name ST. MARK BY THE SEA LUTHERAN CHURCH OF PALM COAST, FLORIDA, INC.					
Principal Place of Business 303 PALM COAST PARKWAY PALM COAST, FL 32137			Mailing Address 303 PALM COAST PARKWAY PALM COAST, FL 32137		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6545995	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BINGOL, THOMAS 6 COTTONWOOD TRAIL PALM COAST, FL 32137				Name BOHN, LOUIS H. Street Address (P.O. Box Number is Not Acceptable) 13 CLEARVIEW CT. N City PALM COAST FL Zip Code 32137	
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 <u><i>Louis H Bohn</i></u> PRESIDENT OF CHURCH COUNCIL 9/3/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCC LOFFREDO, NORMA 165 FRONTIER DRIVE PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCC BOHN, LOUIS H. 13 CLEARVIEW CT. N PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BINGOL, THOMAS 6 COTTONWOOD TRAIL PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV. HANSON, THOMAS S. 303 PALM COAST PARKWAY PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCC ALEXANDER, MARY 7 FARRAGUT DRIVE PALM COAST, FL 32137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONTRERAS, BRIGITTE 25 FERNWOOD DRIVE PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRECO, SUSAN 15 BICKWICK LANE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS 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: <u><i>Louis H Bohn</i></u> LOUIS H. BOHN 9/3/08 386-445-3537 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					