


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90063 026 ****61.25

| | | | | | |
|--|----------------------------|--|--|---|--|
| DOCUMENT # 730756 | | | |  | |
| 1. Entity Name FISHERS OF MEN LUTHERAN CHURCH OF PINE ISLAND, LEE COUNTY, FLORIDA, INC. | | | | | |
| Principal Place of Business 10360 STRINGFELLOW RD NW ST JAMES CITY, FL 33956 | | | Mailing Address 10360 STRINGFELLOW RD NW ST JAMES CITY, FL 33956 | | |
| 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 |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LEMKE, ROGER H. 10360 STRINGFELLOW RD NW ST JAMES CITY, FL 33956 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 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 | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD SPYRNAL, GEORGE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOGLEMAN, JIM | | NAME | 2980 BUTTOWOOD KEY CT. | |
| STREET ADDRESS | 11425 FLINT LN | | STREET ADDRESS | ST. JAMES CITY, FLORIDA 33956 | |
| CITY-ST-ZIP | SAINT JAMES CITY, FL 33956 | | CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | TD APPEL, EDWARD R. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATRICK, MULLIGAN | | NAME | 16761 SEAGULL BAY CT. | |
| STREET ADDRESS | 2103 SE 25 TERRACE | | STREET ADDRESS | BOKEELIA, FLORIDA 33922 | |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 | | CITY-ST-ZIP | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | PD LEMKE, ROGER H. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEMKE, ROGER H. | | NAME | 2641 EIGHTH AVE | |
| STREET ADDRESS | 5246 GENESSEE PARKWAY | | STREET ADDRESS | ST. JAMES CITY, FLORIDA 33956 | |
| CITY-ST-ZIP | BOKEELIA, FL | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | S JOHNSON, KAREN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANDROCHE, LORRAINE | | NAME | 2950 SLOOP LA. | |
| STREET ADDRESS | 1003 NW 28TH PL | | STREET ADDRESS | ST JAMES CITY, FLORIDA 33956 | |
| CITY-ST-ZIP | CAPE CORAL, FL 33993 | | CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | V VITCH, MARGERY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEBASTIANI, RICHARD | | NAME | 2701 YORK RD #26 | |
| STREET ADDRESS | 11926 PRINCE CHARLES CT | | STREET ADDRESS | ST. JAMES CITY, FLORIDA 33956 | |
| CITY-ST-ZIP | CAPE CORAL, FL 33991 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>Edward R. Appel</i> EDWARD R. APPEL TRUST SUICIDE 15 JAN 2008 | | | | 234026308732 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |