2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730756

Secretary of State

Entity Name: FISHERS OF MEN LUTHERAN CHURCH OF PINE ISLAND, LEE COUNTY, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

10360 STRINGFELLOW RD NW ST JAMES CITY, FL 33956

Current Mailing Address: New Mailing Address:

10360 STRINGFELLOW RD NW ST JAMES CITY, FL 33956

FEI Number: 59-2128649 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: Name and Address of New Registered Agent:

LEMKE, ROGER H. 10360 STRINGFELLOW RD NW ST JAMES CITY, FL 33956

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

SPYRNAL, GEORGE SHANKS, BOBBI Name: Name: 2980 BUTTONWOOD KEY CT. Address: 5970 TAHITI DR. Address: City-St-Zip: SAINT JAMES CITY, FL 33956 City-St-Zip: BOHEELIA, FL 33922

Title: () Delete Title: () Change () Addition

APPEL, EDWARD R Name: Name: Address: 16761 SEAGULL BAY CT. Address: City-St-Zip: BOKEELIA, FL 33922 City-St-Zip:

Title: () Delete Title: () Change () Addition

LEMKE, ROGER H. Name: Name: Address: 2641 EIGHTH AVE Address: City-St-Zip: SAINT JAMES CITY, FL 33956 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: JOHNSON, KAREN Name: SCOONE, CHRISTINE 16294 BOYCE DR. Address: 2950 SLOOP LA Address: City-St-Zip: SAINT JAMES CITY, FL 33956 City-St-Zip: BOKEELIA, FL 33922

Title: () Delete Title: (X) Change () Addition

VITCH, MARGERY KINDT, BETTY Name: Name:

2901 YORK RD #26 16413 BUCCANEER ST. Address: Address: SAINT JAMES CITY, FL 33956 City-St-Zip: City-St-Zip: BOKEELIA, FL 33922

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: EDWARD R. APPEL 13JULY2009 **TREA** 07/13/2009