2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732568

FILED May 15, 2008 Secretary of State

Entity Name: ST. PAUL'S EVANGELICAL LUTHERAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 6150 N. LECANTO HIGHWAY BEVERLY HILLS, FL 34465 **Current Mailing Address: New Mailing Address:** 6150 N. LECANTO HIGHWAY BEVERLY HILLS, FL 34465 US FEI Number: 59-1552671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: JOHNSTON, PETER C 6 BEVERLY HILL BLVD BEVERLY HILLS, FL 34465 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition NOMMENSEN, DENNIS LUECK, PAUL Name: Name: 5850 N CLAREMONT DR Address: 7713 SW 128TH STREET Address: City-St-Zip: CITRUS SPRINGS, FL 34434 City-St-Zip: OCALA, FL 34473 Title: Title: (X) Change () Addition () Delete SHOLES, KEN Name: SHOLES, KEN Name: Address: 15598 SW 16TH AVE RD Address: 15598 SW 16TH AVE RD City-St-Zip: OCALA, FL 34473 City-St-Zip: OCALA, FL 34473 Title: () Delete Title: (X) Change () Addition KITTEL, KEITH KITTEL, KEITH Name: Name: 13 NEW FLORIDA 6395 N WHISPERING OAK LOOP Address: Address: City-St-Zip: BEVERLY HILLS, FL 344652986 City-St-Zip: BEVERLY HILLS, FL 34465 Title: () Delete Title: (X) Change () Addition Name: RAMMEL, WILBERT Name: JOHNSTON, ROBERT 1994 WEST LABONTE CIR Address: Address: 9242 N COMODORE DR City-St-Zip: BEVERLY HILLS, FL 34465 City-St-Zip: CITRUS SPRINGS, FL 34434 Title: () Delete Title: () Change () Addition ROBINSON, RICK Name: Name: 1567 EAST SEATTLE SLEW CIR Address: Address: City-St-Zip: INVERNESS, FL 34453 City-St-Zip: Title: () Delete Title: () Change () Addition COLWELL, TOM Name: Name: Address: 19861 SW 93RD LN Address: DUNNELLON, FL 34432 City-St-Zip: 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: ROBERT JOHNSTON S 05/15/2008