

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732568

FILED  
Jan 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6150 N. LECANTO HIGHWAY  
BEVERLY HILLS, FL 34465 US

**New Principal Place of Business:**

**Current Mailing Address:**

6150 N. LECANTO HIGHWAY  
BEVERLY HILLS, FL 34465 US

**New Mailing Address:**

FEI Number: 59-1552671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSTON, PETER C  
6 BEVERLY HILL BLVD  
BEVERLY HILLS, FL 34465 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: LUECK, PAUL  
Address: 7713 SW 128TH STREET  
City-St-Zip: OCALA, FL 34473

Title: T ( ) Delete  
Name: SHOLES, KEN  
Address: 15598 SW 16TH AVE RD  
City-St-Zip: OCALA, FL 34473

Title: D ( ) Delete  
Name: KITTEL, KEITH  
Address: 6395 N WHISPERING OAK LOOP  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S ( ) Delete  
Name: JOHNSTON, ROBERT  
Address: 9242 N COMODORE DR  
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: D ( ) Delete  
Name: ROBINSON, RICK  
Address: 1567 EAST SEATTLE SLEW CIR  
City-St-Zip: INVERNESS, FL 34453

Title: D ( ) Delete  
Name: COLWELL, TOM  
Address: 19861 SW 93RD LN  
City-St-Zip: DUNNELLON, FL 34432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: JOHNSTON, PETER  
Address: 2720 W ANTIOCH LANE  
City-St-Zip: LECANTO, FL 34461

Title: D (X) Change ( ) Addition  
Name: GABB, MARK  
Address: 6142 N LECANTO HWY  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S (X) Change ( ) Addition  
Name: CLOWER, DARRELL  
Address: 8551 N TEMPEST DR  
City-St-Zip: CITRUS SPRINGS, FL 34433

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: PETER C JOHNSTON

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date