2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 11, 2008 08:00 AM Secretary of State **DOCUMENT # 733206** 1. Entity Name OUR REDEEMER LUTHERAN CHURCH OF LAKE CITY, FLORIDA, INC. Principal Place of Business Mailing Address 5056 SW STATE ROAD 47 LAKE CITY FL 32024 5056 SW STATE ROAD 47 LAKE CITY FL 32024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 59-1279770 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILTON, REGINA Street Address (P.O. Box Number is Not Acceptable) 943 SEVILLE PLACE LAKE CITY FL 32024 Zip Code City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered again and title Tappicable. (NOTE: Registered Agent signature inquired when iconstating) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Defete TITLE Change ☐ Addition HILTON, REGINA NAME 943 SW SEVILLE PLACE STREET ADDRESS STREET ADDRESS U000000824772 LAKE CITY FL 32024 CITY-ST-ZIP CITY-ST-ZIP 20/08-80092 -007 61.29 TITLE Delete TITLE Change ■ Addition HACHT, RICK NAME NAME 6980 US HWY 27 STREET ADDRESS STREET ADDRESS BRANDFORD FL CITY-ST-ZIP CITY-ST-ZiP Delete TITLE Change ☐ Addition TITLE KEENER, JUDY NAME NAME 1901 SW US HWY 27 STREET ADDRESS STREET ADDRESS FORT WHITE FL 32038 CITY-ST-ZIP CITY-ST-ZiP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SNOWBERGER, RUTH NAME NAME STREET ADDRESS 413 SW LYNWOOD AVENUE STREET ADDRESS LAKE CITY FL 32024 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete 1016 NAME MAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change THILE Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 any address, with all other like empowered.

SIGNATURE:

386-454-0849