
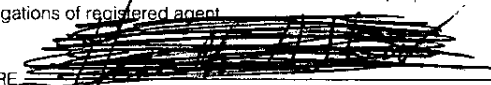


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90024 025 \*\*\*\*61.25

<b>DOCUMENT # 733441</b>			
1. Entity Name <b>MARCO LUTHERAN CHURCH, INC. OF MARCO ISLAND</b>			
Principal Place of Business <b>525 N COLLIER BLVD MARCO ISLAND FL 34145 US</b>		Mailing Address <b>525 N COLLIER BLVD MARCO ISLAND FL 34145 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-6561840</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GREUSEL, JAMIE 364 BALI MARCO ISLAND FL 34145</b>		7. Name and Address of New Registered Agent Name <del>KENNETH HILBERT</del> Street Address (P.O. Box Number is Not Acceptable) <del>9082 CASCADE WAY #102</del> City <del>MARCO</del> <b>NAPLES</b> FL Zip Code <del>34145</del> <b>34114</b>	
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: _____			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust/Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UHL, WILFRED 201 VINTAGE BAY DR #30 MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FENELON, DAVID 1051 S. BARFIELD DR. MARCO ISLAND, FL. 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RAYNER, CAROL 381 WORTHINGTON STREET MARCO ISLAND FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GREUL DONNA 8463 BENT CREEK WAY NAPLES, FL. 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILBERT, KENNETH 5000 ROYAL MARCO WAY #630 MARCO ISLAND FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILBERT, KENNETH 9082 CASCADE WAY #102 NAPLES, FL. 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FENELON, DAVID 1051 S. BARFIELD DR. MARCO ISLAND FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOVE, AL 7685 MULBERRY DR. NAPLES, FL. 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, for all other life empowers.			
SIGNATURE: <b>KENNETH HILBERT, TREASURER, MLC</b>		Date: <b>2/6/04</b> Daytime Phone #: <b>239-774-2849</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	