## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 733441  1. Entity Name MARCO LUTHERAN CHURCH, INC. OF MARCO ISLAND								05	FIL OCT 20		54
Principal Place of Business 525 N COLLIER BLVD MARCO ISLAND, FL 34145 US			Mažing Address 525 N COLLIER BLVD MARCO ISLAND, FL 34145 U			(		<b></b>	RETAN AHASSE		TE NOA NHOMO
2. Principal P	tace of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				PENS	N-VA		# F 04D	ΔO5
City & State			City & State				4. FEI Number 59-656164		<del>11                                   </del>	- A0	plied Former t Applicable
Zip	Country		Zip Co		Country	5. Certificate of State		tatus Desired	tus Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. Name and Add	iress of New	Registered A	gent	
GREUSEL, JAMIE 364 BALI MARCO ISLAND, FL 34145						Name Street Address (P.O. Box Number is Not Acceptable)  City					
	,								FL	<u> </u>	
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 Signature hyped organized name classified agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$236.25  After January 1, 2006, Fee will be \$297.50  Make check payable to Florida Department of State											
10. OFFICERS AND DIRECTORS 11.							ADDITIONS/CHANG	L SES TO OFFIC	ERS AND DIE	RECTORS IN	10
TITLE	PD			Delete	TITLE	PD		<u> </u>		Change	Addition
HAME	1				NAME	RE	NIG, ROBE	RT	_		
STREET ADDRESS	STREET ADDRESS   1051 S BARFIELD DR. CITY-ST-ZP   MARCO ISLAND, FL 34145				STREET ADORES  CITY-ST-ZIP	132	PLES, FL 3	STIIS EMDKIA	E		
TITLE	DS	3LAND, 1 L 34143		Del Del de	TITLE	725	1 462,14			Change	Addition
NAME	GREUL, I	DONNA		Light Delete	NAME	REI	FEISS, MON	NCA			
STREET ADDRESS					STREET ADDRES	836	MILAN COU	RT	1115		
CITY-ST-ZIP	NAPLES, FL 34114					<del></del>	RCO ISLAND	),	<u> </u>	77.	
TITLE NAME	TD HILBERT	KENNETH		Delete	TITLE NAME	GRO	ENKE, RON	ALD		Change	☐ Addition
STREET ADDRESS						5   529	TIGERTAIL	COURT	•		
CITY-ST-ZIP	NAPLES,	FL 34114			CITY-ST-ZIP	MA	RCO (SLAND	FL 341	145		
TITLE	VPD LOVE, AL			Delete	TITLE Name	IdA	TINGE ROBI	FRT		Change	☐ Addition
NAME Street address	1	- LBERRY DR.			STREET ADDRES	882	TINGS, ROBI MAGNOLIA	COURT			
CITY-ST-ZIP	NAPLES,	FL 34114			CITY-ST-ZIP	MAI	RCO ISLAND	, FL 34	145		
TITLE				☐ Delete	TITLE					☐ Change	Addition
name Street address					NAME STREET ADDRES	,					
CITY-ST-ZIP					CITY-ST-ZIP	<b>'</b>	10 47	 	0684 066 00	1793	e or
TITLE				☐ Delete	TITLE	$\top$	<del>10/1</del> 6.	<del>- U3U1</del>	<del>U35UU</del>	Change	Addition
NAME					NAME		-				
STREET ADDRESS CITY-ST-ZIP		•			STREET ADDRES CITY-ST-ZIP	5					
	<u> </u>		this films	done not qualify for the		tated in Se	) ection 119 (17/3)/i) Fl	lorida Statutes	s. I further cer	tify that the in	nformation
12. I hereby certify that the information supplied with this filling 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 previous 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 a place the same legal effect as if made under oath; that I am an officer or director of the corporation or the previous fraction.											