


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90059 037 \*\*\*\*61.25

**DOCUMENT # 733441**

1. Entity Name  
**MARCO LUTHERAN CHURCH, INC. OF MARCO ISLAND**



Principal Place of Business  
**525 N COLLIER BLVD**  
**MARCO ISLAND, FL 34145 US**

Mailing Address  
**525 N COLLIER BLVD**  
**MARCO ISLAND, FL 34145 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



01072007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-6561840**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GREUSEL, JAMIE**  
**364 BALI**  
**MARCO ISLAND, FL 34145**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 State: **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: PD  
 NAME: REINIG, ROBERT  Delete  
 STREET ADDRESS: 132 CYPRESS VIEW DRIVE  
 CITY-ST-ZIP: NAPLES, FL 34113

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: SD  
 NAME: REIFEISS, MONICA  Delete  
 STREET ADDRESS: 836 MILAN COURT  
 CITY-ST-ZIP: MARCO ISLAND, FL 34145

TITLE: SD  
 NAME: HEIDE, SUSAN  Change  Addition  
 STREET ADDRESS: 8355 WHISPER TRACE WAY # 204  
 CITY-ST-ZIP: NAPLES, FL 34114

TITLE: TD  
 NAME: GROENKE, RONALD  Delete  
 STREET ADDRESS: 529 TIGERTAIL COURT  
 CITY-ST-ZIP: MARCO ISLAND, FL 34145

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: VD  
 NAME: HASTINGS, ROBERT  Delete  
 STREET ADDRESS: 882 MAGNOLIA COURT  
 CITY-ST-ZIP: MARCO ISLAND, FL 34145

TITLE: PD  
 NAME: HASTINGS, ROBERT  Change  Addition  
 STREET ADDRESS: 882 MAGNOLIA COURT  
 CITY-ST-ZIP: MARCO ISLAND, FL 34145

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: VD  
 NAME: LUNDQVIST STEVE  Change  Addition  
 STREET ADDRESS: 1521 JAMAICA COURT  
 CITY-ST-ZIP: MARCO ISLAND, FL 34145

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, with all other like empowered.

SIGNATURE: Robert Hastings 1-9-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #