2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#734139

FILED Apr 13, 2009 Secretary of State

Entity Name: SAINT MATTHEW LUTHERAN CHURCH OF PENSACOLA, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 7049 PENSACOLA BLVD PENSACOLA, FL 325051223 **Current Mailing Address: New Mailing Address:** 7049 PENSACOLA BLVD PENSACOLA, FL 325051223 FEI Number: 59-6473746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMAR, ANGELA 1254 GERMAIN STREET PENSACOLA, FL 32524 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LAMAR, ANGELA Name: Name: 1254 GERMAIN STREET Address: Address: City-St-Zip: PENSACOLA, FL 32524 City-St-Zip: Title: **DPAS** () Delete Title: () Change () Addition BROWN, JAMES P REV Name: Name: Address: 8595 UNTREINER AVENUE Address: City-St-Zip: PENSACOLA, FL 32534 City-St-Zip: Title: () Delete Title: (X) Change () Addition SOLOMON, MARIO SOLOMON, MARIO Name: Name: 27 EAST BURGESS ROAD - APT. E Address: Address: 1638 DOGWOOD PL City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32505 Title: Title: () Change () Addition () Delete Name: SIGLER, MARY Name: 8625 SONNYBOY LANE Address: Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition DAVIS, JAMES DAVIS, JAMES Name: Name: 10191 VIXEN PLACE 10191 VIXEN PLACE Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip: PENSACOLA, FL 32501 Title: () Delete Title: (X) Change () Addition BEDGOOD, JACQUELINE BODLEY, JENNY Name: Name: Address: 8096 MOCCASIN STREET Address: 7158 RAMPART WAY PENSACOLA, FL 32534 PENSACOLA, FL 32505 City-St-Zip: 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: JAMES P. BROWN SR P 04/13/2009