


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 735401	
1. Entity Name GLORIA DEI LUTHERAN CHURCH, INCORPORATED	

Principal Place of Business 7601 S.W. 39TH ST. DAVIE, FL 33328	Mailing Address 7601 S.W. 39TH ST. DAVIE, FL 33328
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6534872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BISHOP, WILMA
5211 S.W. 88 TERRACE
COOPER CITY, FL 33328

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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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOULIER, WAYNE 14158 S. CYPRESS COVE CIR. DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROENFELDT, HELEN 7509 SW 26 COURT DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRONK, BARBARA 9990 NW 39TH ST HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VONADA, BARRY 8402 SW 26TH ST DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/01/08-80060-009-61.25

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: Barry S. Vonada Director 1/21/08 854-475-0683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #