

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735401

FILED
Apr 30, 2009
Secretary of State

Entity Name: GLORIA DEI LUTHERAN CHURCH, INCORPORATED

Current Principal Place of Business:

7601 S.W. 39TH ST.
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

7601 S.W. 39TH ST.
DAVIE, FL 33328

New Mailing Address:

FEI Number: 59-6534872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: BOULIER, WAYNE
Address: 14156 S. CYPRESS COVE CIR.
City-St-Zip: DAVIE, FL 33325

Title: S () Delete
Name: ROENFELDT, HELEN
Address: 7509 SW 26 COURT
City-St-Zip: DAVIE, FL 33314

Title: T (X) Delete
Name: KRONK, BARBARA
Address: 9990 NW 39TH ST
City-St-Zip: HOLLYWOOD, FL 33024

Title: D (X) Delete
Name: VONADA, BARRY
Address: 8402 SW 26TH ST
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURKHARDT, W D
Address: 3108 PEACHTREE CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: ST (X) Change () Addition
Name: SCHUSTER, FRANCES
Address: 5070 SW 101ST AVENUE
City-St-Zip: COOPER CITY, FL 33328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: W D BURKHARDT

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date