

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90048 027 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                                                     |                                                       |                                                                                                                                                                          |                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>DOCUMENT # 736702</b><br>1. Entity Name<br><b>PRINCE OF PEACE EVANGELICAL LUTHERAN CHURCH<br/>OF ENGLEWOOD, FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                                                                                     |                                                       |                                                                                         |                                                                               |
| Principal Place of Business<br><b>2222 ENGLEWOOD ROAD<br/>ENGLEWOOD, FL 34223-6316 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                                                                     |                                                       | Mailing Address<br><b>2222 ENGLEWOOD ROAD<br/>ENGLEWOOD, FL 34223-6316 US</b>                                                                                            |                                                                               |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                | 3. Mailing Address                                                                  |                                                       |                                                                                                                                                                          |                                                                               |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                | Suite, Apt. #, etc.                                                                 |                                                       |                                                                                                                                                                          |                                                                               |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                | City & State                                                                        |                                                       |                                                                                                                                                                          |                                                                               |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                        | Zip                                                                                 | Country                                               | 4. FEI Number<br><b>59-1613551</b>                                                                                                                                       |                                                                               |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                                                                     |                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                   |                                                                               |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                                                     |                                                       | 7. Name and Address of New Registered Agent                                                                                                                              |                                                                               |
| <b>CLEMENS, RICHARD<br/>547 BOUNDARY RD<br/>ROTONDA WEST, FL 33947</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                |                                                                                     |                                                       | Name <b>ZWIKER, GEORGE W.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6282 BUNTING LANE</b><br>City <b>ENGLEWOOD</b> <b>FL</b> Zip Code <b>34224</b> |                                                                               |
| 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 <i>George W. Zwiker, President</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                                                                     |                                                       | DATE <b>4-8-2008</b>                                                                                                                                                     |                                                                               |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                       | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                   |                                                                               |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |                                                                                     |                                                       |                                                                                                                                                                          |                                                                               |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                          |                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>TD<br/>NORMAN, ED<br/>350 SHELL RD<br/>VENICE, FL 34293</b> | <input checked="" type="checkbox"/> Delete                                          |                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                           | <b>TD<br/>KAPRELIAN, SAMUEL E.<br/>1813 ASHLEY DRIVE<br/>VENICE, FL 34292</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>SD<br/>MOSSHAMMER, ED<br/>608 WOODWYN CT<br/>NORTH PORT, FL 34287</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                | <input type="checkbox"/> Delete                                                     |                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PD<br/>CLEMENS, RICHARD<br/>547 BOUNDARY BLVD<br/>ROTONDA WEST, FL 33947</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                | <input checked="" type="checkbox"/> Delete                                          |                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>PD<br/>ZWIKER, GEORGE W.<br/>6282 BUNTING LANE<br/>ENGLEWOOD, FL 34224</b>                                          |                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>M<br/>KESTING, JOSHUA<br/>2222 ENGLEWOOD RD<br/>ENGLEWOOD, FL 34223</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                | <input checked="" type="checkbox"/> Delete                                          |                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>M<br/>WERNER, PAUL<br/>2222 ENGLEWOOD ROAD<br/>ENGLEWOOD, FL 34223</b>                                              |                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                | <input type="checkbox"/> Delete                                                     |                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                | <input type="checkbox"/> Delete                                                     |                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |                                                                               |
| 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: <i>George W. Zwiker</i> <b>GEORGE W. ZWIKER</b> <b>4-8-2008</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                |                                                                                     |                                                       |                                                                                                                                                                          |                                                                               |

(941) 475-1231