2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 736743

Entity Name: MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGUSTINE, FLORIDA, INC.

Current Principal Place of Business:

3375 US #1 SOUTH
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

3375 US #1 SOUTH
SAINT AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 59-2311622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UPCHURCH, HAMILTON D.
% UPCHURCH, BAILEY & UPCHURCH, ATTYS.
780 N PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084 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:	VD	( ) Delete
Name:	SCHIMMEL, YVONNE VD	
Address:	702 WILKES COURT	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	SD	( ) Delete
Name:	JOHNSON, CHERYL SD	
Address:	10345 CROTTY AVENUE	
City-St-Zip:	HASTINGS, FL 32145	
Title:	FS	( ) Delete
Name:	FINANCIAL SECRETARY	
Address:	3375 US ONE SOUTH	
City-St-Zip:	ST AUGUSTINE, FL 32086	
Title:	T	( ) Delete
Name:	SCHIMMEL, ROBERT T T	
Address:	702 WILKES CT	
City-St-Zip:	SAINT AUGUSTINE, FL 32086	
Title:	P	( ) Delete
Name:	CAIN, RICHARD P	
Address:	138 LION'S GATE AVENUE	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ROBERT SCHIMMEL T 03/23/2009
Electronic Signature of Signing Officer or Director — Date