

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737121

FILED
Jan 23, 2008
Secretary of State

Entity Name: ST. STEPHEN LUTHERAN CHURCH, INC.

Current Principal Place of Business:

2198 NORTH MERIDIAN ROAD
TALLAHASSEE, FL 323035062

New Principal Place of Business:

Current Mailing Address:

2198 NORTH MERIDIAN ROAD
TALLAHASSEE, FL 323035062

New Mailing Address:

FEI Number: 59-1688449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKIBBEN, BARBARA
835 MADERIA CIRCLE
TALLAHASSEE, FL 32312 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: BARTON, MELISSA
Address: 2308 ORLEANS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: P () Delete
Name: WILLIAMS, SUE
Address: 510 CONCORD ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: WARREN, MARK
Address: 3216 YORKTOWN DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD () Delete
Name: KENNEL, PATRICK
Address: 740 HUNTER STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD () Delete
Name: MCKIBBEN, BARBARA
Address: 835 MADERIA CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: LARSON, SANDY
Address: 156 BIG BUCK DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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:

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: BARBARA MCKIBBEN

D

01/23/2008

Electronic Signature of Signing Officer or Director

Date