## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 737121** 

FILED Apr 22, 2009 Secretary of State

Entity Name: ST. STEPHEN LUTHERAN CHURCH, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2198 NORTH MERIDIAN ROAD TALLAHASSEE, FL 323035062 **Current Mailing Address: New Mailing Address:** 2198 NORTH MERIDIAN ROAD TALLAHASSEE, FL 323035062 FEI Number: 59-1688449 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCKIBBEN, BARBARA ODONNELL, BARBARA 835 MADERIA CIRCLE 835 MADERÍA CIRCLE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 US US 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: BARBARA ODONNELL 04/22/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BARTON, MELISSA Name: Name: 2308 ORLEANS DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WILLIAMS, SUE Name: Address: 510 CONCORD ROAD Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: () Delete Title: () Change () Addition WARREN, MARK Name: Name: 3216 YORKTOWN DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition KENNELL, PATRICK Name: Name: Address: 740 HUNTER STREET Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition MCKIBBEN, BARBARA ODONNELL, BARBARA Name: Name: 835 MADERIA CIRCLE 835 MADERIA CIRCLE Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 Title: () Delete Title: (X) Change ( ) Addition LARSON, SANDY KIBLER, VAL Name: Name: 156 BIG BUCK DRIVE Address: Address: 1015 HURON TRAIL TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32312 City-St-Zip: 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 ODONNELL T 04/22/2009