


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90007 031 ****61.25

737992 1. Entity Name FIRST LUTHERAN CHURCH OF INVERNESS INC. FLORIDA-GEORGIA DISTRICT MISSOURI SYNOD					
Principal Place of Business FIRST LUTHERAN CHURCH 1900 WEST HWY 44 INVERNESS, FL 34453 US			Mailing Address FIRST LUTHERAN CHURCH 1900 WEST HWY 44 INVERNESS, FL 34453 US		
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		Country		4. FEI Number 59-1299051	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FISCHER, JOHN G <i>Retired - Delete</i> 3203 S. SKYLINE DR. INVERNESS, FL 34450			7. Name and Address of New Registered Agent Name Rev. Thomas R. BEAVERSON Street Address (P.O. Box Number is Not Acceptable) 1900 W. HWY 44 City INVERNESS FL Zip Code 34453		
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>Rev. Thomas R. BEAVERSON</i> 1/31/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANSEN, RONALD E 2284 E HARLEY ST INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PINKSTON, Barbara 1306 STARK ST. INVERNESS, FL 34450	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FED HENDERSON, JODIE 5135 S. ROBERT BLAKE AVE. INVERNESS, FL 34452	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Schultz, Daniel 6105 N. Bayfront DR. Hernando, FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUGHES, VENITA 3913 E. ALLENDALE ST. INVERNESS, FL 34453	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Venita Hughes Venita Hughes, TREASURER 1/31/07 (352) 726-1637 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					