2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 737992

Entity Name: FIRST LUTHERAN CHURCH OF INVERNESS INC. FLORIDA-GEORGIA DISTRICT MISSOURI SYNOD

Current Principal Place of Business:

FIRST LUTHERAN CHURCH
1900 WEST HWY 44
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

FIRST LUTHERAN CHURCH
1900 WEST HWY 44
INVERNESS, FL 34453 US

New Mailing Address:

FEI Number: 59-1299051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEAVERSON9Y, REV. THOMAS R
1900 W, HWY 44
INVERNESS, FL 34453 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: VPD ( ) Delete
Name: PINKSTON, BARBARA
Address: 1306 STONK ST
City-St-Zip: INVERNESS, FL 34450

Title: FED ( ) Delete
Name: HENDERSON, JODIE
Address: 5135 S. ROBERT BLAKE AVE.
City-St-Zip: INVERNESS, FL 34452

Title: T ( ) Delete
Name: IVERSON, ROBERT I
Address: POB 2015
City-St-Zip: INVERNESS, FL 34451

Title: PD ( ) Delete
Name: SCHULTZ, DANIEL
Address: 6105 N. BAYFRONT DR
City-St-Zip: HERNANDO, FL 34442

Title: S ( ) Delete
Name: BRUTON, KATHY
Address: 3173 N LAMBERT PATH
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: SCHULTZ, DAN
Address: 6105 N BAYFRONT DR
City-St-Zip: HERNANDO, FL 34442

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: BRUNTON, JERRY
Address: 3173 N LAMBETH PATH
City-St-Zip: HERNANDO, FL 34442

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 IVERSON T 02/10/2009

Electronic Signature of Signing Officer or Director Date