2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739331

FILED Jan 30, 2008 Secretary of State

Entity Name: MESSIAH LUTHERAN CHURCH OF NORTH FORT MYERS, INC.

Current Principal Place of Business: New Principal Place of Business: 2691 NE PINE ISLAND RD 2691 NE PINE ISLAND RD NO. FT. MYERS, FL 33909 US N. FORT MYERS, FL 33909 US **Current Mailing Address: New Mailing Address:** 2691 NE PINE ISLAND RD. 2691 NE PINE ISLAND RD. NO. FT. MYERS, FL 33909 US CAPE CORAL, FL 33909 US FEI Number: 59-1720677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAY, CHARLES D 2691 NE PINE ISLAND RD. NORTH FORT MYERS, FL 33909 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SAMUEL, DAVID Name: Name: 2300 VALPARAISO Address: Address: City-St-Zip: N. FT. MYERS, FL 33917 City-St-Zip: Title: () Delete Title: () Change () Addition SHERMAN, RICHARD Name: Name: Address: 5845 ALCA VISTA Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: Title: () Delete Title: () Change () Addition DONLAN, BETTY Name: Name: 3635 LONG IRON COURT Address: Address: City-St-Zip: N. FT. MYERS, FL 33917 City-St-Zip: (X) Change () Addition Title: SD () Delete Title: SD Name: HAWK, GRETCHEN Name: WEISS, CLAUDIA 19760 COTTONFIELD ROAD Address: 9311 PALM ISLAND CIRCLE Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33917

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: CHARLES D. MAY RA 01/30/2008