2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# 742280

Entity Name: CHRISTUS VICTOR LUTHERAN CHURCH OF NAPLES, FLORIDA, INC.

Current Principal Place of Business:

15600 TAMIAMI TRL N L
NAPLES, FL 34110 US

New Principal Place of Business:

15600 TAMIAMI TR N
NAPLES, FL 34110 US

Current Mailing Address:

15600 TAMIAMI TRL N L
P O BOX 867
NAPLES, FL 34110 US

New Mailing Address:

15600 TAMIAMI TR N
NAPLES, FL 34110 US

FEI Number: 59-1721010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EBERT, JOHN G III
2898 LONE PINE LN
NAPLES, FL 34119 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: PD ( ) Delete
Name: EBERT, JOHN G III
Address: 2898 LONE PINE LN
City-St-Zip: NAPLES, FL 34119

Title: SD ( ) Delete
Name: SCHROT, ANNE
Address: 24890 TROST BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD ( ) Delete
Name: CHRIST, PAULA
Address: 319 LAGOON AVE
City-St-Zip: NAPLES, FL 34108

Title: TD ( ) Delete
Name: DUPRE, JAMES
Address: 2151 IMPERIAL CIRCLE
City-St-Zip: NAPLES, FL 34110

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:

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: JOHN G. EBERT, III PD 01/27/2009

Electronic Signature of Signing Officer or Director — Date