

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742496

FILED
Jan 09, 2007
Secretary of State

Entity Name: ST. ARMANDS KEY LUTHERAN CHURCH FOUNDATION, INC. OF SARASOTA, FLORIDA

Current Principal Place of Business:

40 NORTH ADAMS DR.
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

40 NORTH ADAMS DR.
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-1835982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLLASE, CROME
435 S. GULFSTREAM AVE APT 801
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

TJARKS, ED
7790 FAIRWAY WOODS DRIVE
SARASOTA, FL 34238 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: ED TJARKS

01/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAFFTERY, PATRICIA
Address: 5095 CREEKSIDE TRL
City-St-Zip: SARASOTA, FL 34243

Title: VD () Delete
Name: LAUTNER, JANE
Address: 4536 GLEBE FARM RD
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: OLSON, LARS
Address: POB 315
City-St-Zip: TERRA CEIA, FL 34250

Title: SD () Delete
Name: BRUNKE, MECHTILD
Address: 5278 HUNTINGWOOD CT
City-St-Zip: SARASOTA, FL 34235

Title: PD () Delete
Name: DOLLASE, CROME
Address: 435 S. GULFSTREAM AVE APT 801
City-St-Zip: SARASOTA, FL 34236

Title: TD () Delete
Name: CHRISTENSEN, WILLIAM
Address: 5225 CREEKSIDE TRAIL
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: TJARKS, ED
Address: 7790 FAIRWAY WOODS DRIVE
City-St-Zip: SARASOTA, FL 34238

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

Title: D (X) Change () Addition
Name: DOLLASE, CROME
Address: 435 S. GULFSTREAM AVE APT 801
City-St-Zip: SARASOTA, FL 34236

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM M. CHRISTENSEN

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01/09/2007

Electronic Signature of Signing Officer or Director

Date