## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742496** 

FILED Jan 07, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 40 NORTH ADAMS DR. SARASOTA, FL 34236 **Current Mailing Address: New Mailing Address:** 40 NORTH ADAMS DR. 40 NORTH ADAMS DR SARASOTA, FL 34236 SARASOTA, FL 34236 FEI Number: 59-1835982 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TJARKS, ED 7790 FAIRWAY WOODS DRIVE SARASOTA, FL 34238 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: () Delete () Change () Addition RAFFTERY, PATRICIA Name: Name: 5095 CREEKSIDE TRL Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: Title: VD () Delete Title: () Change () Addition LAUTNER, JANE Name: Name: Address: 4536 GLEBE FARM RD Address: City-St-Zip: SARASOTA, FL 34235 City-St-Zip: Title: PD() Delete Title: () Change () Addition TJARKS, ED Name: Name: 7790 FAIRWAY WOODS DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: BRUNKE, MECHTILD Name: 5278 HUNTINGWOOD CT Address: Address: City-St-Zip: SARASOTA, FL 34235 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DOLLASE, CROME CARLSON, RICHARD Name: Name: 435 S. GULFSTREAM AVE APT 801 2607 BAY DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34207 Title: () Delete Title: () Change () Addition CHRISTENSEN, WILLIAM Name: Name: Address: 5225 CREEKSIDE TRAIL Address: SARASOTA, FL 34243 City-St-Zip: 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: WILLIAM CHRISTENSEN T 01/07/2008