

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745414

FILED
Apr 21, 2009
Secretary of State

Entity Name: LUTHERAN CHURCH OF THE PALMS, INC.

Current Principal Place of Business:

2250 NEBRASKA AVE
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2250 NEBRASKA AVE
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 59-1874757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEHLS, TIM
1951 EGRET DR
PALM HARBOR, FL US

Name and Address of New Registered Agent:

ANDERSON, BRUCE E PRES.
903 WHIPPOORWILL DRIVE
PALM HARBOR, FL 34683 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: BRUCE E. ANDERSON

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CLARK, LAURIE
Address: 343 WESTFORD CIR
City-St-Zip: PALM HARBOR, FL 34683

Title: SD () Delete
Name: GARDNER, MARY
Address: 735 SANDY HOOK RD
City-St-Zip: PALM HARBOR, FL 34683

Title: P () Delete
Name: ANDERSON, BRUCE
Address: 903 WHIPPOORWILL DR
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: RADCLIFFE, DONALD
Address: 1814 MARINER DR #157
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: MALOTT, DONALD
Address: 4181 SETON CIR
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: BRUNK, ANN
Address: 1472 DUNDEE DR
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: NILSSON, ROBERTA
Address: 1520 COACHLIGHT WAY
City-St-Zip: DUNEDIN, FL 34698

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

Title: D (X) Change () Addition
Name: NILSSON, MICHAEL
Address: 1520 COACHLIGHT WAY
City-St-Zip: DUNEDIN, FL 34698

Title: VP (X) Change () Addition
Name: MALOTT, DONALD
Address: 4181 SETON CIR
City-St-Zip: PALM HARBOR, FL 34683

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: BRUCE E. ANDERSON

PRES

04/21/2009

Electronic Signature of Signing Officer or Director

Date