


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90081 014 \*\*\*\*61.25

<b>DOCUMENT # 745654</b>		
1. Entity Name CONCORDIA EVANGELICAL LUTHERAN CHURCH, INC.		

Principal Place of Business 300 BAREFOOT BLVD MICCO, FL 32976 US	Mailing Address 300 BAREFOOT BLVD MICCO, FL 32976 US
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40031687



2. Principal Place of Business 300 BAREFOOT BLVD Suite, Apt. #, etc.	3. Mailing Address 300 BAREFOOT BLVD Suite, Apt. #, etc.
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03022005 Chg-NP CR2E037 (10/03)

City & State	City & State
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4. FEI Number 59-1863729	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BORG-SVEJDA-REGINA 923 BALSAM ST. BARE FOOT BAY, FL 32976	
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7. Name and Address of New Registered Agent Name BORG-SVEJDA Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Regina Borg-Svejda	<i>Regina Borg-Svejda</i>	3/10/05
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAPPLE, WAYNE 762 E ROBIN DRIVE BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGEE, FLORENCE 921 SEQUOIA ST. BARE FOOT BAY, FL 32976 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORG-SVEJDA, REGINA 923 BALSAM ST. BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WESCHLER, LILLIAN 1023 ROYAL PALM DR. BARE FOOT BAY, FL 32976 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOROTHY THOMAS 1169 WATERWAY DR BAREFOOT BAY FL 32976 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANTOINETTE CHERIE 907 4EW ST BARE FOOT BAY FL 32976 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne K. Chapple	<i>Wayne K. Chapple</i>	3/9/05	772-664-1104
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