

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

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

DOCUMENT # 745654		
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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2. Principal Place of Business 300 BAREFOOT BLVD	3. Mailing Address 300 BAREFOOT BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BORG-SVEJDA, REGINA 923 BALSAM ST. BARE FOOT BAY, FL 32976		Name <i>Regina Borg-Svejda</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code <i>32976</i>	

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* *Regina Borg-Svejda* *3/10/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAPPLE, WAYNE 762 E ROBIN DRIVE BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAGEE, FLORENCE 921 SEQUOIA ST. BARE FOOT BAY, FL 32976 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOROTHY THOMAS 1169 WATERWALL DR BAREFOOT BAY, FL 32976 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BORG-SVEJDA, REGINA 923 BALSAM ST. BAREFOOT BAY, FL 32976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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	ANTOINETTE CHERIE 9074 EW 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"/> Delete	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"/> Delete	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* *3/9/05* *772-664-1104*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #