2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#756226

FILED Apr 02, 2009 Secretary of State

Entity Name: ALL SAINTS LUTHERAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

751 DUNLAWTON AVE

PORT ORANGE, FL 321279224 US

Current Mailing Address: New Mailing Address:

PO BOX 290067

PORT ORANGE, FL 321290067 US

FEI Number: 59-2225056 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:

BLALOCK, GEORGE CLAYTON, ELIZABETH 58 RAVENWOOD DRIVE 1033 MAGNOLIA CIRCLE

PORT ORANGE, FL 32129 US NEW SMYRNA BEACH, FL 32168 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: ELIZABETH CLAYTON 04/02/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 BLALOCK, GEORGE
 Name:
 CLAYTON, ELIZABETH

 Address:
 58 RAVENWOOD DRIVE
 Address:
 1033 MAGNOLIA CIRCLE

 City-St-Zip:
 PORT ORANGE, FL 32129
 City-St-Zip:
 NEW SMYRNA BEACH, FL 32

City-St-Zip: PORT ORANGE, FL 32129 City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: V () Delete Title: V (X) Change () Addition Name: HERLEMAN, JOHN Name: MARZ, JONATHAN

Name:HERLEMAN, JOHNName:MARZ, JONATHANAddress:6715 CALISTOGA CRAddress:937 E. MEADOW VIEW DR.City-St-Zip:PORT ORANGE, FL 32128City-St-Zip:PORT ORANGE, FL 32127

Title: S () Delete Title: () Change () Addition

 Name:
 BROOKS, SHARON
 Name:

 Address:
 290 COUNTRY CIR DR EAST
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32128
 City-St-Zip:

 Name:
 REESE, HARRY
 Name:

 Address:
 6684 MERRYVALE LANE
 Address:

 City-St-Zip:
 PORT ORANGE, FL 32128
 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: ELIZABETH CLAYTON P 04/02/2009