2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758322

City-St-Zip:

ELLENTON, FL 34222

FILED Apr 30, 2009 Secretary of State

Entity Name: FAITH LUTHERAN CHURCH PARRISH, FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 9608 U.S. HIGHWAY 301, NORTH PARRISH, FL 34219 **Current Mailing Address: New Mailing Address:** 9608 U.S. HIGHWAY 301, NORTH MISSOURI SYNOD, INC. PARRISH, FL 34219 FEI Number: 59-2003222 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: SAITZ, MEL 3034 KIWI PL ELLENTON, FL 34222 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FREDRICK, DICK Name: Name: Address: 11578 57TH ST CIR, E Address: City-St-Zip: PARRISH, FL 34219 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SCHRADER, MADELINE Name: Address: 9202 69TH AVENUE EAST Address: City-St-Zip: PALMETTO, FL 34221 City-St-Zip: Title: RS (X) Delete Title: () Change () Addition HILL, JULIANNE Name: Name: 3703 LEMONWOOD DRIVE S. Address: Address:

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.

City-St-Zip:

SIGNATURE: MADELINE SCHRADER TR 04/30/2009