## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 16, 2008 8:00 am Secretary of State **DOCUMENT # 759119** 1. Entity Name 05-16-2008 90021 029 \*\*\*\*61.25 LAKESIDE LUTHERAN CHURCH OF VENICE, FLORIDA. INC. Principal Place of Business Mailing Address 2401 SOUTH TAMIAMI TRAIL VENICE FL 34293 2401 SOUTH TAMIAMI TRAIL VENICE FL 34293 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-1143530 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOONE, E. G. Street Address (P.O. Box Number is Not Acceptable) 1001 AVENDIA DEL CIRCO VENICE FL 34285 Zip Code 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 Fiorica. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent agnature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THILE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMSON WILLIANSON, TERRY NAME NAME 539 WESTMOUNT LN STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY ST-ZIP CITY-ST-ZIP VD レカ TITLE Delate ☐ Addition REICHHERT, RUSS NAME NAME BERGMAN , RACE 509 MARSH CREEK 5034 SEA GRASS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY ST-7/P VENICE, FL. 34292 TD TITLE TITLE Addition ☐ Delete Change ANDERSEN, NEITA NAME NAME STREET ADDRESS 451 FIELDSTONE DR STREET ADDRESS VENICE FL 34292 CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Dalete TITLE ☐ Change ☐ Addition GROTH, ERNST A NAME NAME STREET ADDRESS 929 KENOMA AVE, W STREET ADDRESS CITY- ST-ZIP VENICE FL 34285 CITY-ST-ZIP 30 TITLE Delete TITLE ☐ Change Addition ROEHRS, JEAN NAME MAME 3085 PAN AMERICAN BLVD STREET AUDRESS STREET ADDRESS VENICE FL 34287 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplies enter it 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.

CHY-ST-7IP

CITY-ST-ZIP

SIGNATURE: Ermt a. Groth ERNST A. GROTH 4/28/08 493-5102