2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# 759119

Entity Name: LAKESIDE LUTHERAN CHURCH OF VENICE, FLORIDA, INC.

Current Principal Place of Business:

2401 SOUTH TAMIAMI TRAIL
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

2401 SOUTH TAMIAMI TRAIL
VENICE, FL 34293

New Mailing Address:

FEI Number: 59-1143530 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOONE, E. G.
1001 AVENDIA DEL CIRCO
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	WILLIAMSON, TERRY	
Address:	539 WESTMOUNT LN	
City-St-Zip:	VENICE, FL 34293	
Title:	VD	( ) Delete
Name:	BEREMAN, RACE	
Address:	509 MARSH CREEK RD.	
City-St-Zip:	VENICE, FL 34292	
Title:	TD	( ) Delete
Name:	ANDERSEN, NEITA	
Address:	451 FIELDSTONE DR	
City-St-Zip:	VENICE, FL 34292	
Title:	TD	( ) Delete
Name:	GROTH, ERNST A	
Address:	929 KENOMA AVE. W	
City-St-Zip:	VENICE, FL 34285	
Title:	SD	( ) Delete
Name:	ROEHRS, JEAN	
Address:	3085 PAN AMERICAN BLVD	
City-St-Zip:	VENICE, FL 34287	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	SMITH, JACK A	
Address:	1617 BOB O LINK DR	
City-St-Zip:	VENICE, FL 34293	
Title:	SD	(X) Change ( ) Addition
Name:	THACKER, NANCY	
Address:	755 FRINGED ORCHID TR	
City-St-Zip:	VENICE, FL 34293	

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: NEITA ANDERSEN TD 03/02/2009

Electronic Signature of Signing Officer or Director — Date