


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90212 016 ****61.25

DOCUMENT # 767270 1. Entity Name BETHEL LUTHERAN CHURCH OF HOBE SOUND, INC.					
Principal Place of Business 7905 SOUTH FEDERAL HWY HOBE SOUND, FL 33455			Mailing Address 7905 SOUTH FEDERAL HWY HOBE SOUND, FL 33455		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCOTT, EDWARD A 6236 S.E CHARLESTON PLACE, UNIT 104 HOBE SOUND, FL 33455				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>Edward A. Scott</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <i>4/30/2006</i> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEINSINGER, PAUL		NAME	<i>Gilmore, James</i>	
STREET ADDRESS	11616 SE DIXIE HWY		STREET ADDRESS	<i>3367 S.E. Glazier Terr</i>	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	<i>Hobe Sound, FL 33455</i>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TALLMAN, MARK		NAME	<i>HALL, MICHAEL</i>	
STREET ADDRESS	9272 S. E. DUNCAN ST		STREET ADDRESS	<i>5320 S.E. Dell St</i>	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	<i>Stuart, FL 34997</i>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEXANDER, MARJORIE L		NAME		
STREET ADDRESS	8031 SE SKYLARK AVE		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, EDWARD A		NAME		
STREET ADDRESS	6236 S.E CHARLESTON PL, UNIT 104		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, MARGIE		NAME	<i>Simon, Betty Jean</i>	
STREET ADDRESS	8505 S. E. GULFSTREAM PL		STREET ADDRESS	<i>4800 S.E. Federal Hwy #35</i>	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	<i>Stuart, FL 34997</i>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Margie L. Alexander (Treasurer)</i> <i>4/30/2006</i> <i>772-546-5399</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					