

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

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90027 040 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2185839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

FL

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME FEINSINGER, PAUL
STREET ADDRESS 11616 S.E. DIXIE HWY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE TD ☐ Delete
NAME ALEXANDER, MARJORIE L
STREET ADDRESS 8031 SE SKYLARK AVE
CITY-ST-ZIP HOBE SOUND FL

TITLE D ☐ Delete
NAME SCOTT, EDWARD A
STREET ADDRESS 6236 S.E. CHARLESTON PL, UNIT 104
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE SD ☒ Delete
NAME WILKIE, LYNN
STREET ADDRESS 4430 S.E. HEARTWOOD TRAIL
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Allen, Stan
STREET ADDRESS 5518 S.E. Major Way
CITY-ST-ZIP Stuart, FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Frazier, Sandra
STREET ADDRESS 4308 S.E. Cove Lake Cir. Apt. 303
CITY-ST-ZIP Stuart, FL 34997

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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: Marjorie L. Alexander, Treasurer 4/28/08 772-5465399