

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767270

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** BETHEL LUTHERAN CHURCH OF HOBE SOUND, INC.

**Current Principal Place of Business:**

7905 SOUTH FEDERAL HWY  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

7905 SOUTH FEDERAL HWY  
HOBE SOUND, FL 33455

**New Mailing Address:**

**FEI Number:** 59-2185839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT, EDWARD A  
6236 S.E CHARLESTON PLACE, UNIT 104  
HOBE SOUND, FL 33455 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  
Name: FARR, BETH  
Address: 8421 S. E. ROYAL ST.  
City-St-Zip: HOBE SOUND, FL 33455

Title: TD  
Name: ALEXANDER, MARJORIE L  
Address: 8031 SE SKYLARK AVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: D  
Name: SCOTT, EDWARD A  
Address: 6236 S.E CHARLESTON PL, UNIT 104  
City-St-Zip: HOBE SOUND, FL 33455

Title: SD  
Name: FRAZIER, SANDRA  
Address: 5709 S. E. NORMANDY AVE.  
City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: MARJORIE L. ALEXANDER

TREA

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date