

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769113

FILED
Apr 27, 2007
Secretary of State

Entity Name: SOUTHERN LUTHERAN ACADEMY ASSOCIATION, INC.

Current Principal Place of Business:

992 CHASE HAMMOCK ROAD
MERRITT ISLAND, FL 329537703 US

New Principal Place of Business:

Current Mailing Address:

992 CHASE HAMMOCK ROAD
MERRITT ISLAND, FL 329537703 US

New Mailing Address:

FEI Number: 59-2351378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICHMANN, LEON
992 CHASE HAMMOCK RD.
MERRITT ISLAND, FL 32953 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: KOCH, HENRY
Address: 4845 25TH AVE. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: SD () Delete
Name: GEER, DOUG
Address: 4001 S CARLISLE RD
City-St-Zip: LAKELAND, FL 33813

Title: TD () Delete
Name: WICHMANN, LEON
Address: 992 CHASE HAMMOCK ROAD
City-St-Zip: MERRITT ISLAND, FL 329537703

Title: VD () Delete
Name: BROWN, DAVID
Address: 11794 OVAL DRIVE W
City-St-Zip: LARGO, FL 33774

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEON WICHMANN

TD

04/27/2007

Electronic Signature of Signing Officer or Director

Date