


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90022 013 ****61.25

DOCUMENT # 770192 1. Entity Name LORD OF THE SEAS LUTHERAN CHURCH, INCORPORATED					
Principal Place of Business 1250 KEY DEER BLVD BIG PINE KEY, FL 33043 US				Mailing Address P.O. BOX 865 P. O. BOX 865 BIG PINE KEY, FL 33043 US	
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 59-2323028	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RIVET, HOLLY 17188 FLYING FISH LANE SUMMERLAND KEY, FL 33042				Name Street Address (P.O. Box Number is Not Acceptable) 17188 Flying Fish Lane	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVET, HOLLY		NAME		
STREET ADDRESS	17188 FLYING FISH LANE		STREET ADDRESS		
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL, SALLY		NAME		
STREET ADDRESS	701 SPANISH MOLA DR 428		STREET ADDRESS	701 Spanish Main Dr. 428	
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUNK, MARIE		NAME		
STREET ADDRESS	22 BAY DR		STREET ADDRESS		
CITY-ST-ZIP	KEY WEST, FL 33040		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNUDSEN, JOHN		NAME		
STREET ADDRESS	31480 AVE F		STREET ADDRESS		
CITY-ST-ZIP	BIG PINE KEY, FL 33043		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAYLENE, BIEDERHAN		NAME	Faylene Biederman	
STREET ADDRESS	186 WEST SHORE DR		STREET ADDRESS		
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042		CITY-ST-ZIP		
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: <u>Holly Rivet</u> Holly Rivet 1-22-08 305-745-8644					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					