2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770344

FILED Jan 22, 2007 Secretary of State

Entity Name: SAINT MICHAEL EVANGELICAL LUTHERAN CHURCH OF WELLINGTON, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 1925 BIRKDALE DRIVE WELLINGTON, FL 33414 US **Current Mailing Address: New Mailing Address:** 1925 BIRKDALE DRIVE WELLINGTON, FL 33414 US FEI Number: 59-2387200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEISS, MARJORIE 1925 BIRKDALE DRIVE WELLINGTON, FL 33414 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Change () Addition () Delete JOHNSON, JOHN Name: Name: 3879 WOODS WALK BLVD Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip: Title: SEC () Delete Title: (X) Change () Addition SEC Name: HAINES, WILLIAM Name: ALEC, PRIDGEON Address: 1304 PINETTA CIRCLE Address: 12748 MEADOW BREEZE DR. City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 Title: () Delete Title: () Change () Addition WEISS, BONNIE Name: Name: 17537 ORANGE GROVE BLVD Address: Address: City-St-Zip: LOXAHATCHEE, FL 33470 City-St-Zip: () Delete Title: **TRES** Title: () Change () Addition TEDAMONSON, ALAN Name: Name: Address: 13981 SHEFFIELD COURT Address: City-St-Zip: WEST PALM BEACH, FL 33414 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN JOHNSON PRES 01/22/2007