

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770767

FILED
Jan 16, 2004
Secretary of State**Entity Name:** CHRIST THE KING LUTHERAN CHURCH OF LABELLE, INC.**Current Principal Place of Business:**1362 THIGPEN RD.
LA BELLE, FL 33935**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 2925
LABELLE, FL 33935 US**New Mailing Address:****FEI Number:** 59-2363738**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KARAU, MEL
1750 FT. DENAUD ROAD
ALVA, FL 33920 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: P () Delete
Name: KARAU, MEL
Address: 1790 FT DENAUD RD
City-St-Zip: ALVA, FL 33920

Title: SD () Delete
Name: KARAU, MEL
Address: 1790 FT. DENAUD RD
City-St-Zip: ALVA, FL 33920

Title: VD () Delete
Name: BASEL, JOHN
Address: 200 HICKPOOCHEE C-30
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: GAY, PHIL
Address: 18725 WEST STATE ROAD 78
City-St-Zip: MOORE HAVEN, FL 33471

Title: D () Delete
Name: JEDRYKOWSKI, OLGA
Address: 5680 CR78A
City-St-Zip: LABELLE, FL 33935

Title: ST () Delete
Name: CONLEY, SUSAN
Address: 4145 FT. DENAUD RD
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: KARAU, MEL
Address: 5190 FT. DENAUD RD
City-St-Zip: ALVA, FL 33920

Title: VD (X) Change () Addition
Name: HOLSTEN, EARL
Address: 415 8TH AVE
City-St-Zip: LABELLE, FL 33935

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 for the exemption stated in Section 119.07(3)(i), 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: MEL KARAU

PRES

01/16/2004

Electronic Signature of Signing Officer or Director

Date