

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770767

FILED  
Jan 08, 2007  
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 33975 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  
5190 FT. DENAUD ROAD  
FT DENAUD, FL 33935 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: 5190 FT DENAUD RD  
City-St-Zip: ALVA, FL 33920

Title: SD ( ) Delete  
Name: KARAU, MEL  
Address: 5190 FT. DENAUD RD  
City-St-Zip: FT DENAUD, FL 33935

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

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: ( ) 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 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: MEL KARAU

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

PRES

01/08/2007

\_\_\_\_\_  
Date