

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 12, 2008
Secretary of State**

DOCUMENT# 770767

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:

350 COUNTY ROAD 78
LA BELLE, FL 33935

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

Title: () Delete
Name:
Address:
City-St-Zip:

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: T (X) Change () Addition
Name: HORES, KATHLEEN
Address: 2250 STATE ROAD 80 WEST
City-St-Zip: FORT DENAUD, FL 33935

Title: S () Change (X) Addition
Name: CONLEY, SUSAN
Address: 4145 FT. DENAUD ROAD
City-St-Zip: LABELLE, FL 33935

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: KATHLEEN M. HORES

T

02/12/2008

Electronic Signature of Signing Officer or Director

Date