

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10010

FILED  
May 18, 2008  
Secretary of State

**Entity Name:** ABIDING SAVIOR LUTHERAN CHURCH OF FORT LAUDERDALE, FLORIDA

**Current Principal Place of Business:**

1900 SOUTHWEST 35TH AVENUE  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

1900 SOUTHWEST 35TH AVENUE  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 59-1918819      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MEADE, BARBARA  
1900 SW 35TH AVENUE  
FT. LAUDERDALE, FL 33312      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:**

Title: VPD      ( ) Delete  
Name: MEADE, BARBARA  
Address: 1900 SW 35TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: PD      ( ) Delete  
Name: SCOTT, MIKE  
Address: 5350 NW 77 CT  
City-St-Zip: POMPANO BEACH, FL 33073

Title: T      ( ) Delete  
Name: SUAREZ, ROGER  
Address: 3549 SW 16 COURT  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: FS      ( ) Delete  
Name: LOGAN, NANCY  
Address: 2407 ANDROS LANE  
City-St-Zip: FORT LAUDERDALE, FL 33312

**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:

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: BARBARA MEADE

VPD

05/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date