

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10010

FILED
May 01, 2009
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

05/01/2009

Electronic Signature of Signing Officer or Director

Date