

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90002 046 \*\*\*\*70.00

<b>DOCUMENT # N00000002422</b>					
<b>1. Entity Name</b> NEW LIFE LUTHERAN CHURCH, LUTHERAN CHURCH - MISSOURI SYNOD, INC.					
<b>Principal Place of Business</b> P O BOX 823111 PEMBROKE PINES, FL 33082			<b>Mailing Address</b> P O BOX 823111 PEMBROKE PINES, FL 33082		
<b>J4070333</b>					
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07192004    Chg-NP    CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 65-0999151	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WALTERS, HOWARD 1392 SW 181 AVE PEMBROKE PINES, FL 33029				<b>7. Name and Address of New Registered Agent</b> Name <u>Scott Neitzel</u> Street Address (P.O. Box Number is Not Acceptable) <u>332 SW 194 Ave.</u> City <u>Pembroke Pines</u> FL    Zip Code <u>33029</u>	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>Scott F. Neitzel, President</u> DATE <u>7/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> WALTERS, HOWARD	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Scott F. Neitzel
<b>STREET ADDRESS</b> 1392 SW 181ST AVE	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33029		<b>STREET ADDRESS</b> 332 SW 194 Ave	<b>CITY-ST-ZIP</b> Pembroke Pines, FL 33029	
<b>TITLE</b> VD	<b>NAME</b> WEITZEL, SCOTT	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Alice Clary Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Alice Clary
<b>STREET ADDRESS</b> 332 SW 194TH AVE	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33029		<b>STREET ADDRESS</b> 2161 SW 176 Ave.	<b>CITY-ST-ZIP</b> Miramar, FL 33029	
<b>TITLE</b> DT	<b>NAME</b> BROMWEL, PAT	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Monica Neitzel
<b>STREET ADDRESS</b> 150 SW 169TH STREET	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33029		<b>STREET ADDRESS</b> 332 SW 194 Ave	<b>CITY-ST-ZIP</b> Pembroke Pines, FL 33029	
<b>TITLE</b> D	<b>NAME</b> WALTERS, SANDRA	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 
<b>STREET ADDRESS</b> 682 NW 173RD TERRACE	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33029		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> DS	<b>NAME</b> THOMPSON, ISIS	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>NAME</b> Paulette McKay
<b>STREET ADDRESS</b> 18990 NW 10TH TERRACE	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33029		<b>STREET ADDRESS</b> 3051 SW 194 Terrace	<b>CITY-ST-ZIP</b> Miramar, FL 33029	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> 
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Scott F. Neitzel</u>			Date <u>8-10-04</u> Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					