


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90223 014 \*\*\*\*61.25

<b>DOCUMENT # N00000002422</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>
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**50052237**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02162005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0999151</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>NERTZEL, SCOTT 332 SW 194 AVE PEMBROKE PINES, FL 33029</b>		7. Name and Address of New Registered Agent Name <b>Burnham, Gregory S</b> Street Address (P.O. Box Number is Not Acceptable) <b>1181 S.W. 158 Ave.</b> City <b>Pembroke Pines</b> FL Zip Code <b>33029</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.

SIGNATURE Gregory S. Burnham President 2/16/05  
Signature, typed & printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEITZEL, SCOTT F 338 SW 194 AVE PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Neitzel, Scott F 338 S.W. 194 Ave Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARY, ALICE 2161 SW 176 AVE PEMBROKE PINES, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Walters-Clary, Alice 2161 S.W. 176 Ave Miramar, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEITZEL, MONICA 332 SW 194 AVE PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Burnham, Gregory S 1181 S.W. 158 Ave Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTERS, SANDRA 682 NW 173RD TERRACE PEMBROKE PINES, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Beskie, Renee 19326 N.W. 13 St. Pembroke Pines, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKAY, PAULETTE 3051 SW 194 TERRACE MIRAMAR, FL 33029 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition McKay, Paulette 3051 S.W. 194 Terr Miramar, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Alice D. Walters-Clary, Treasurer 2/16/05 954-430-9505  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Alice D. Walters-Clary