2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002422

FILED Apr 12, 2008 Secretary of State

Entity Name: NEW LIFE LUTHERAN CHURCH, LUTHERAN CHURCH - MISSOURI SYNOD, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3001 SW 186 AVENUE MIRAMAR, FL 33082				2951 SW 186 AVENUE MIRAMAR, FL 33082	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P O BOX 8: PEMBROK	23111 E PINES, FL 3	33082			
FEI Number:	65-0999151	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
The above in the State	4TH AVE OD, FL 33029 named entity s of Florida.		rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			nt	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () NEITZEL, MONK 338 SW 194 AV PEMBROKE PIN	E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () THOMSON, JOH 18990 NW 10TH PEMBROKE PIN	ITERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () BRADY, JODI 131 NW 162 AVI PEMBROKE PIN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () POLLACK, DOR 4611 SW 131 TE MIRAMAR, FL 3	ERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () PEREYA, IRIS 3989 SW 153RE MIRAMAR, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JODI BRADY T 04/12/2008