

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002422

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

2951 SW 186 AVENUE
MIRAMAR, FL 33082

New Principal Place of Business:

2951 SW 186 AVENUE
MIRAMAR, FL 33029

Current Mailing Address:

P O BOX 823111
PEMBROKE PINES, FL 33082

New Mailing Address:

2951 SW 186 AVENUE
MIRAMAR, FL 33029

FEI Number: 65-0999151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEITZEL, SCOTT
332 SW 194TH AVE
HOLLYWOOD, FL 33029 US

Name and Address of New Registered Agent:

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: D () Delete
Name: NEITZEL, MONICA
Address: 338 SW 194 AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: P () Delete
Name: THOMSON, JOHN
Address: 18990 NW 10TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: BRADY, JODI
Address: 131 NW 162 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S () Delete
Name: POLLACK, DORIE
Address: 4611 SW 131 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: V () Delete
Name: PEREYA, IRIS
Address: 3989 SW 153RD AVE
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCKAY, WILLIAM
Address: 3051 SW 194 TERRACE
City-St-Zip: MIRAMAR, FL 33029

Title: FS (X) Change () Addition
Name: HERMETET, STEVEN
Address: 5941 BRISTOL LANE
City-St-Zip: DAVIE, FL 33331

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TRANQUILLE, PETERSON
Address: 6704 FICUS DRIVE
City-St-Zip: MIRAMAR, FL 33023

Title: D (X) Change () Addition
Name: TINO, JAMES
Address: 6709 FICUS DRIVE
City-St-Zip: MIRAMAR, FL 33023

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

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04/22/2009

Electronic Signature of Signing Officer or Director

Date