

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00149

FILED
Apr 17, 2006
Secretary of State

Entity Name: ST. MARK'S LUTHERAN CHURCH OF HOLLYWOOD, FLORIDA, INC.

Current Principal Place of Business:

C/O KRISTY FRIEDMAN
502 N. 28TH AVE.
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

C/O KRISTY FRIEDMAN
502 N. 28TH AVE.
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 59-0879962 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FRIEDMAN, KRISTY C MS.
502 N. 28TH AVE.
HOLLYWOOD, FL 33020 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: PD () Delete
Name: LARSEN, KURT
Address: 5810 SW 36 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VPD () Delete
Name: MEIGHEN, DEBORAH
Address: 3636 NW 78 TERRACE
City-St-Zip: DAVIE, FL 33024

Title: T () Delete
Name: AGRIESTI, MARCIA
Address: 2242 WILSON ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: S () Delete
Name: JONES, CAROL A
Address: 249 NW 106 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

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 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: MARCIA AGRIESTI

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04/17/2006

Electronic Signature of Signing Officer or Director

_____ Date