2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N00517

Entity Name: ST. MARK'S LUTHERAN CHURCH OF CORAL GABLES, FLORIDA

Current Principal Place of Business:

3930 LEJEUNE ROAD
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3930 LEJEUNE ROAD
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-6018724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEWITT, RICHARD J JR
2000 PONCE DE LEON BLVD
SIXTH FLOOR
CORAL GABLES, FL 33134 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: CALZADILLA, RAUL
Address: 3930 LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: THOMPSON, ADRIANNE
Address: 3930 LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete
Name: GRALL, CHARLENE
Address: 3930 LE JEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: TR ( ) Delete
Name: REGO, JULIA
Address: 3930 LE JEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: ADM ( ) Delete
Name: LARGACHA, JOSIE
Address: 3930 LE JEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: HIRSCHMAN, JIM
Address: 3930 LEJEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change ( ) Addition
Name: THOMPSON, ADRIANNE
Address: 3930 LE JEUNE ROAD
City-St-Zip: CORAL GABLES, FL 33134

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 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: JOSIE LARGACHA ADM 04/30/2009

Electronic Signature of Signing Officer or Director — Date