## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006455

FILED Mar 08, 2008 Secretary of State

Entity Name: OPEN BIBLE EV. LUTHERAN CHURCH AT THE VILLAGES, CORP.

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
SUITE #50	177TH PL. 2 FIELD, FL 3449	1			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE #50	177TH PL. 2 FIELD, FL 3449	1			
FEI Number: 86-1070057 FEI Number Applied For ( ) FEI N			FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
3101 ARCI	R, HERBERT HER AVE. E, FL 32162	US			
	named entity so of Florida.	ubmits this statement for the pu	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUF					
	Electroni	Signature of Registered Ager	nt	Date	
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () I SCHAEFER, HER 3101 ARCHER A THE VILLAGES,	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I DUESSLER, DEI 11950 SE 178TH SUMMERFIELD,	l	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHLICHT, EAR	APRIL HILLS BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I HARTSHORN, DO 3332 ATWELL A THE VILLAGES,	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ) I NIERMEYER, RU 3056 BATALLY O THE VILLAGES,	CT CT	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: TREASURER DENNIS L DUESSLER MR 03/08/2008