## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 25, 2008 8:00 am Secretary of State DOCUMENT # N03667 1. Entity Name 02-25-2008 90063 001 \*\*\*\*61.25 TRINITY LUTHERAN CHURCH-MISSOURI SYNOD, INC. Principal Place of Business Mailing Address 706 S W 6TH AVENUE CAPE CORAL FL 33991 706 S W 6TH AVENUE CAPE CORAL FL 33991 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEL Number 65-0077535 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEADOR, NEIL Street Address (P.O. Box Number is Not Acceptable) 1316 MORNINGSIDE DRIVE FORT MYERS FL 33901 Zip Code City FL 8. 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the Lappicapie. (NOTE: Registated Agent signature (course) wiscurserstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete ☐ Change TITLE Addition MEADOR, NEIL NAME NAME STREET ADDRESS 1316 MORNING SIDE DRIVE STREET ADDRESS FORT MYERS FL 33901 CITY - ST - ZIP CITY-ST-ZIP VD TITLE ☐ Deloie ☐ Change ☐ Addition STAHL, VERNE NAME 3778 SAN CARLOS DRIVE STREET ADDRESS STREET ADDRESS SAINT JAMES CITY FL 33956 CITY- ST-71P CITY-ST-ZIP SD SD\_ TITLE Delete TITLE Change ☐ Addition SWIENTON, NATHALIE Jennifer Davis HALLE MAME 7718 BAY LAKE DR 1117 SE 32nd Terrace STREET ADDRESS STREET ADDRESS. FORT MYERS FL 33907 CITY-ST-ZIP CITY-ST-ZiP cape Coral, FL 33904 ☐ Dalete TITLE Addition TITLE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete TITLE Change Contibba [ ] TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that if 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Neil Meadow

CITY-ST-ZIP

Neil F. Meador