


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000006077</b> 1. Entity Name LUTHERAN URBAN MISSIONS INTERNATIONAL, INC.	
---	---

Principal Place of Business 6709 FICUS DR MIRAMAR, FL 33023	Mailing Address 6709 FICUS DR MIRAMAR, FL 33023
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1993000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  TINO, JAMES 6709 FICUS DR MIRAMAR, FL 33023
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
--	------------

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINO, JAMES 6709 FICUS DR MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NEITZEL, SCOTT 332 SW 194TH AVE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEITZEL, MONICA 332 SW 194TH AVE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORMA, TINO 22548 MORLEY DEARBORN, MI 48124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMP THOMSON, ISIS 18990 NW 10TH TERRACE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JAMES 330 NW 206TH TERRACE MIAMI, FL 33169

<p>U00000813322 02/12/08-80084-011 70.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
--

<b>SIGNATURE:</b> <u>Monica Neitzel</u> <u>Monica Neitzel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/29/08</u> <u>954-438-4745</u> <small>Date Daytime Phone #</small>
--	---