

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006077

FILED
Apr 15, 2009
Secretary of State

Entity Name: LUTHERAN URBAN MISSIONS INTERNATIONAL, INC.

Current Principal Place of Business:

6709 FICUS DR
MIRAMAR, FL 33023

New Principal Place of Business:

Current Mailing Address:

6709 FICUS DR
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 20-1993000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TINO, JAMES
6709 FICUS DR
MIRAMAR, FL 33023 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: D () Delete
Name: TINO, JAMES
Address: 6709 FICUS DR
City-St-Zip: MIRAMAR, FL 33023

Title: C () Delete
Name: NEITZEL, SCOTT
Address: 332 SW 194TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T () Delete
Name: NEITZEL, MONICA
Address: 332 SW 194TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: NORMA, TINO
Address: 22548 MORLEY
City-St-Zip: DEARBORN, MI 48124

Title: COMP () Delete
Name: THOMSON, ISIS
Address: 18990 NW 10TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: THOMPSON, JAMES
Address: 330 NW 206TH TERRACE
City-St-Zip: MIAMI, FL 33169

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
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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 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: MONICA NEITZEL

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date