## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001276

FILED Jan 05, 2007 Secretary of State

Entity Name: CHRIST LUTHERAN CHURCH OF PALM COAST INC.

Current Principal Place of Business: New Principal Place of Business:

50 LEANNI WAY SUITE E-1

PALM COAST, FL 32137

Current Mailing Address: New Mailing Address:

50 LEANNI WAY SUITE E-1 PALM COAST, FL 32137

FEI Number: 20-2294821 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENDEL, THOMAS W

50 LEANNI WAY

50 LEANNI WAY

SUITE E 1

SUITE E-1 SUITE E-1
PALM COAST, FL 32137 US PALM COAST, FL 32137 US

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: ALBERT JONES 01/05/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:MENDEL, THOMAS WName:JONES, ALBERT FAddress:50 LEANNI WAY, SUITE E-1Address:50 LEANNI WAY, SUITE E-1

Address: 50 LEANNI WAY, SUITE E-1 Address: 50 LEANNI WAY, SUITE E-City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137

Title: () Delete Title: (X) Change ( ) Addition JONES, ALBERT F Name: KLINKENBERG, KENNETH Name: Address: 50 LEANNI WAY, SUITE E-1 Address: 50 LEANNI WAY, SUITE E-1 City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137

Title: SD () Delete Title: SD (X) Change () Addition
Name: HILL, E. JEAN F Name: GANSTER, PATRICIA

Address: 50 LEANNI WAY, SUITE E-1 Address: 50 LEANNI WAY, SUITE E-1
City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137

 Name:
 PILLON, JAMES
 Name:
 TEES, MARY

 Address:
 50 LEANNI WAY, SUITE E-1
 Address:
 50 LEANNI WAY, SUITE E-1

 City-St-Zip:
 PALM COAST, FL 32137
 City-St-Zip:
 PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERT F. JONES MR. 01/05/2007