2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000001276

FILED Aug 10, 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 2323 NORTH STATE STREET (US 1)

SUITE 112

BUNNELL, FL 32110

New Mailing Address:

Current Mailing Address:

PALM COAST, FL 32137

FEI Number: 20-2294821

2323 NORTH STATE STREET (US 1)

50 LEANNI WAY SUITE E-1 SUITE 112

FEI Number Applied For ()

BUNNEL, FL 32110

PALM COAST, FL 32137

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JONES, ALBERT F JONES, ALBERT F 50 LEANNI WAY

2323 NORTH STATE STREET

FEI Number Not Applicable ()

SUITE 112

Name:

Address:

BUNNELL, FL 32110 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:

SUITE E-1

SUITE E-1

08/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

PALM COAST, FL 32137 US

(X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

2323 NORTH STATE STREET, SUITE 112

() Delete JONES, ALBERT F Name:

50 LEANNI WAY, SUITE E-1 Address:

City-St-Zip: PALM COAST, FL 32137

Title: () Delete KLINKENBERG, KENNETH Name:

Address: 50 LEANNI WAY, SUITE E-1

City-St-Zip: PALM COAST, FL 32137

Title: () Delete

GANSTER, PATRICIA Name:

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

() Delete Title: TD

TEES, MARY Name:

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

City-St-Zip: BUNNELL, FL 32110

(X) Change () Addition

Title: KLINKENBERG, KENNETH Name:

JONES, ALBERT F

Address: 2323 NORTH STATE STREET, SUITE 112

City-St-Zip: BUNNELL, FL 32110

Title: SD (X) Change () Addition

HILL, JEAN Name:

2323 NORTH STATE STREET, SUITE 112 Address:

City-St-Zip: BUNNELL, FL 32110

Title: TD (X) Change () Addition

Name: TEES, MARY

2323 NORTH STATE STREET Address:

City-St-Zip: BUNNELL, FL 32110

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: ALBERT F. JONES PD