

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011039

FILED
Jan 15, 2009
Secretary of State

Entity Name: SPIRIT OF CHRIST LUTHERAN CHURCH, INC.

Current Principal Place of Business:

145 SW SWEETBREEZE DR
LAKE CITY, FL 32024 US

New Principal Place of Business:

Current Mailing Address:

145 SW SWEETBREEZE DR
LAKE CITY, FL 32024 US

New Mailing Address:

FEI Number: 20-3893280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRANCH, EARL
774 N.W. INDIAN SPRINGS
LAKE CITY, FL 32055 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: VP () Delete
Name: BRANCH, EARL
Address: 774 N.W. INDIAN SPRINGS
City-St-Zip: LAKE CITY, FL 32055 US

Title: T () Delete
Name: DOSSETT, FAY
Address: 288 S.W. DRAGONFLY
City-St-Zip: LAKE CITY, FL 32024 US

Title: PAST () Delete
Name: WINTER, DAVID E
Address: 145 S.W. SWEET BREEZE DR.
City-St-Zip: LAKE CITY, FL 32024 US

Title: S () Delete
Name: PATTERSON, BARBARA
Address: 691 SW WHITETAIL CIRCLE
City-St-Zip: LAKE CITY, FL 32024 US

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
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: EARL BRANCH

VP

01/15/2009

Electronic Signature of Signing Officer or Director

Date