


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N07926 1. Entity Name PEACE VALLEY LUTHERAN CHURCH, INC.	
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Principal Place of Business 1643 STENSTROM ROAD WAUCHULA, FL 33873 US	Mailing Address P.O. BOX 667 WAUCHULA, FL 33873 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6193027	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROEHM, KATHLEEN 249 MAXWELL DR WAUCHULA, FL 33873	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROEHM, RYAN 249 MAXWELL DR WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, FLOYD E DISHONG RD. WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROEHM, KATHLEEN 249 MAXWELL DR WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THORNTON, ELLEN P O BOX 83-59 GEORGETOWN LOOP WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAESE, BARRY POPLAR ST. ZOLFO SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS GRAESE, CHARLOTTE POPLAR ST ZOLFO SPRINGS, FL

11000000252593
03/05/05-80035-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3-2-05 Date	863-967-6607 Daytime Phone #
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