

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07926

FILED
Apr 14, 2009
Secretary of State

Entity Name: PEACE VALLEY LUTHERAN CHURCH, INC.

Current Principal Place of Business:

1643 STENSTROM ROAD
WAUCHULA, FL 33873 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 667
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 59-6193027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROEHM, KATHLEEN
249 MAXWELL DR
WAUCHULA, FL 33873 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: P () Delete
Name: ROEHM, RYAN
Address: 249 MAXWELL DR
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: FIELDS, FLOYD E
Address: PO BOX 1253
City-St-Zip: WAUCHULA, FL 33873

Title: T () Delete
Name: ROEHM, KATHLEEN
Address: 249 MAXWELL DR
City-St-Zip: WAUCHULA, FL 33873

Title: S () Delete
Name: THORNTON, ELLEN
Address: P O BOX 83
City-St-Zip: WAUCHULA, FL

Title: D () Delete
Name: GRAESE, BARRY
Address: PO BOX 192
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: FS () Delete
Name: GRAESE, CHARLOTTE
Address: PO BOX 192
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BUUCK, MICHAEL
Address: 7730 BROOK BLVD
City-St-Zip: ZOLFO SPRINGS, FL 33890

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: KATHLEEN ROEHM

T

04/14/2009

Electronic Signature of Signing Officer or Director

Date