

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11303

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: CHRIST THE KING LUTHERAN CHURCH OF ORLANDO, INC.

**Current Principal Place of Business:**

4962 APOPKA VINELAND RD  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

4962 APOPKA VINELAND RD  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 59-2770124      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MAGILL, PATRICK M.  
2110 E. ROBINSON ST.  
ORLANDO, FL 32803 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: SD ( ) Delete  
Name: FENNESSY, CORRINE  
Address: 7806 ST ANDREWS CIRCLE  
City-St-Zip: ORLANDO, FL 32835

Title: TD ( ) Delete  
Name: RATHMANN, BARBARA  
Address: 4706 YAMATO CT  
City-St-Zip: ORLANDO, FL 32837

Title: PD ( ) Delete  
Name: KAMERLANDER, ROBERT  
Address: 2616 CARTER GROVE CIRCLE  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: WIEGNER, LIAM  
Address: 6641 BANNER LAKE CIRCLE #9305  
City-St-Zip: ORLANDO, FL 32821

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

Title: PD (X) Change ( ) Addition  
Name: KROENING, BILL  
Address: 2400 OAKINGTON ST  
City-St-Zip: WINTER GARDEN, FL 34787

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: BARBARA RATHMANN

TD

03/26/2009

Electronic Signature of Signing Officer or Director

Date