

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13521

FILED  
Feb 05, 2007  
Secretary of State

**Entity Name:** CHRIST EVANGELICAL LUTHERAN CHURCH OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

1592 S.E. FLORESTA DR.,  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

1592 S.E. FLORESTA DR.,  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 59-2668525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUIN, KEITH A TREAS.  
619 SW WHISPERING PALM LANE  
PALM CITY, FL 34990 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: TD ( ) Delete  
Name: DUIN, KEITH  
Address: 619 SW WHISPERING PALM LANE  
City-St-Zip: PALM CITY, FL 34990

Title: PD ( ) Delete  
Name: WALKER, JAMES  
Address: 1100 ENDERS ROAD  
City-St-Zip: FORT PIERCE, FL 34982

Title: SD ( ) Delete  
Name: FOSTER, JERRY  
Address: 914 SE ATLANTUS AVE.  
City-St-Zip: PORT ST LUCIE, FL 34994

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: KEITH DUIN

TD

02/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date