

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13538

FILED
Apr 14, 2009
Secretary of State

Entity Name: EELC-ST. PAUL'S CONGREGATION IN SOUTH FLORIDA, INC.

Current Principal Place of Business:

SHEPHERD OF THE COAST LUTHERAN CHURCH
1901 E COMMERCIAL BLVD
FT. LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

13251 CRISA DRIVE
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 59-2696146 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARTS, HEIKI
13251 CRISA DRIVE
PALM BEACH GARDENS, FL 33410 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: PT () Delete
Name: PARTS, HEIKI
Address: 13251 CRISA DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: TD () Delete
Name: RIISMA, MAIRE
Address: 5791 COACH HOUSE DRIVE APT G
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: VD () Delete
Name: RIISMA, OSVALD
Address: 5791 COACH HOUSE CIRCLE, APT G
City-St-Zip: BOCA RATON, FL 33486 US

Title: SD () Delete
Name: PARTS, HELVE
Address: 13251 CRISA DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: KALLAS, ARNO
Address: 1933 S CLUB DRIVE
City-St-Zip: WELLINGTON, FL 33319 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:

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: HELVE PARTS

SD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date