

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15886

FILED
Mar 06, 2009
Secretary of State

Entity Name: OUR REDEEMER EVANGELICAL LUTHERAN CHURCH OF OCALA, FLORIDA, INC.

Current Principal Place of Business:

5200 SW COLLEGE RD
OCALA, FL 344745737 US

New Principal Place of Business:

Current Mailing Address:

5200 SW COLLEGE RD
OCALA, FL 344745737 US

New Mailing Address:

FEI Number: 59-2626087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHILBE, PAUL L
5200 SW COLLEGE RD
OCALA, FL 34474 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: PD () Delete
Name: BOHLMANN, JIM
Address: 5200 SW COLLEGE RD
City-St-Zip: OCALA, FL 34474

Title: TD () Delete
Name: SCHILBE, PAUL L
Address: 5200 SW COLLEGE RD
City-St-Zip: OCALA, FL 34474

Title: VP () Delete
Name: SEIFERT, MICHAEL
Address: 5200 SW COLLEGE RD.
City-St-Zip: OCALA, FL 34474

Title: S () Delete
Name: CHERNUS, RUTH
Address: 5200 SW COLLEGE RD.
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: BERGERON, RICHARD
Address: 5200 SW COLLEGE RD.
City-St-Zip: OCALA, FL 34474

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: PAUL L SCHILBE

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03/06/2009

Electronic Signature of Signing Officer or Director

Date