

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90007 028 ****61.25

DOCUMENT # N15974 1. Entity Name LIVING LORD EVANGELICAL LUTHERAN CHURCH, INC.					
Principal Place of Business 2725 58TH AVENUE VERO BEACH, FL 32966 US			Mailing Address 2725 58TH AVENUE VERO BEACH, FL 32966 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2675257	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHARLTON, DAVID A 2670 71ST CIRCLE APT. 102 VERO BEACH, FL 32966			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDMUND, WILLIAM		NAME		
STREET ADDRESS	5303 INDIAN BEND LN		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34951		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEFRANCES, LISA		NAME	Defrances, Lisa	
STREET ADDRESS	2725 58TH AVENUE		STREET ADDRESS	2725 58th AVE	
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP	VERO Beach, FL 32966	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, RICK		NAME	Hill, Rick	
STREET ADDRESS	646 32ND TERR		STREET ADDRESS	646 32nd Ter	
CITY-ST-ZIP	VERO BEACH, FL 32968		CITY-ST-ZIP	VERO Beach, FL 32968	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NUTTALL, SCOTT A		NAME		
STREET ADDRESS	2725 58TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFE, CLARA		NAME		
STREET ADDRESS	2725 58TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			01-08-08 772-231-6902		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		