2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # N15974 ORD EVANGELICAL LUTI	^ HERAN (∕ CHURCH, INC	C.		0	1-23-2008 9	00007 028	****61.2	25
Principal Place 2725 58TH / VERO BEACH	AVENUE	g Address 58TH AVENUE 9 BEACH, FL 32966 US				40008597				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			01072008	Chg-NP	CR2E037	7 (12/06)	
City & State		City & State			4. FEI Number 59-26752	257			plied For t Applicable	
Zip Country		Zip	ip Cour		ıntry	5. Certificate of	Status Desired		8.75 Addi ee Required	
	6. Name and Address of Curren	t Registered	f Agent			7. Name and A	ddress of New I	Registered A	gent	
CHARLTON, DAVID A 2670 71ST CIRCLE APT. 102 VERO BEACH, FL 32966					Name Street Addres	Address (P.O. Box Number is Not Acceptable)				
					City			FL	Zip Code	
	named entity submits this statement ions of registered agent.	for the purpo	se of changing its	registere	ed office or regis	istered agent, or both,	in the State of Fi	lorida. I am fa	amiliar with,	and accept
SIGNATURE .	Sec									-
	Signature, typed or printed name of registered age	nt and title if appli	cable. (NOT	: Registere	d Agent signature requ	puired when reinstating)		DATE		l
Filing Fee is \$61.25 Due by May 1, 2008										li I
	-		9. Election Can Trust Fund C		~ —	\$5.00 May Be Added to Fees		Make check rida Departi		
10.	-	DIRECTORS			~ —		Flo	rida Departi	ment of St	ate
10.	Due by May 1, 2008	DIRECTORS	Trust Fund (Contribut	ion.	Added to Fees	Flo	rida Departi RS AND DIR	ment of St	ate
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2. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.0B

772 .231.6901

Daylime Phone #