## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N18163

FILED Apr 29, 2008 Secretary of State

Entity Name: THE LORD OF LIFE LUTHERAN CHURCH OF PONTE VEDRA BEACH, INC.

Current Principal Place of Business: New Principal Place of Business:

276 N ROSCOE BLVD

PONTE VEDRA BEACH, FL 32082

Current Mailing Address: New Mailing Address:

276 N ROSCOE BLVD PONTE VEDRA BEACH, FL 32082

FEI Number: 59-2774932 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WIGGINS, MARGARET A 276 N ROSCOE BLVD PONTE VEDRA, FL 32082

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:

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Electronic Signature of Registered Agent

US

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

KRECIC, ANNETTE

(X) Change ( ) Addition

Title: PD ( ) Delete Title: Name: KRECIC, ANNETTE Name:

Address: 620 SPARROW BRANCH CIRCLE Address: 620 SPARROW BRANCH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

Address: 620 SPARROW BRANCH CIRCLE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD ( ) Delete Title: PD (X) Change ( ) Addition Name: LARRIMORE, KEVIN Name: TANTON, CINDY

 Address:
 219 PARKSIDE DRIVE
 Address:
 8 KINGFISH AVE

 City-St-Zip:
 ST. AUGUSTINE, FL 32095
 City-St-Zip:
 PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: LYNOTT, DEBBIE LYNOTT, DEBBIE

 Address:
 2686 TREASUR COVE LN
 Address:
 2686 TREASURE COVE LN

 City-St-Zip:
 JACKSONVILLE, FL 32226
 City-St-Zip:
 JACKSONVILLE, FL 32226

Title: TD () Delete Title: () Change () Addition

 Name:
 WIGGINS, MARGARET
 Name:

 Address:
 98 DOLPHIN BLVD.
 Address:

 City-St-Zip:
 PONTE VEDRA, FL 32082
 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: MARGARET A WIGGINS TD 04/29/2008