2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 25, 2005 08:00 AM Secretary of State DOCUMENT # N20080 1. Entity Name SON LIFE LUTHERAN CHURCH, INC. Principal Place of Business Mailing Address 9301 JOG ROAD 9301 JOG ROAD **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-3519834 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIPKEY, JEANNE Y Street Address (P.O. Box Number is Not Acceptable) 8529 WINDY CIRCLE **BOYNTON BEACH FL 33437** Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete THEE Change ☐ Addition UU0000243600 RIPKEY, JEANNEY NAME. NAME 1/2/25/05-80048-009 61.25 8529 WINDY CIRCLE STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33437 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition SMITH, JEFF NAME NAME 9143 INDIAN RIVER RUN STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33437 CITY-ST-ZIP CJTY-ST-ZIP Delete THILE ☐ Change Addition JOHNSON, JOHN PASTOR NAME 4759 BLUE PINE CIRCLE STREET ADDRESS STREET ADDRESS CITY ST- 7IP LAKE WORTH FL CITY-SI-ZIP ☐ Delete MILE HILE Change Addition NESS, JAMES NAME NAME 7376 ASHLEY SHORES CIRCLE STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MuE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. JEANNE Y. RIPKEY 561-

CITY-ST-ZIP

CITY-ST-ZIP

736-2102