2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

1. Entity Name SON LIFE LUTHERAN CHURCH, INC.						-13-2006 900	_	****61.	.25	
Principal Place of Busines 9301 JOG ROAD BOYNTON BEACH, FL 3		Mailing Address 9301 JOG ROAD. BOYNTON BEACH, FL	33437 1	us l		RBIGI MRKUL SUUL MOLL U	en eten ete n	erdir etali erd	114 5 1 8 1 1 83 1	
2. Principal Place of Busi	ness	3. Mailing Address		<u>-,</u>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1.	01102006 CI	hg-NP	CR2E037	(11/05)		
City & State	*	City & State			4. FEI Number 59-351983				oplied For of Applicable	ŀ
Zip	Country	Zip	Country	у	5. Certificate of St	atus Desired		8.75 Add	titional	
6. Name	and Address of Current Re	gistered Agent	<u> </u>		7. Name and Add		istered Ag	jent		İ
RIPKEY, JEANNE Y				Jup.	ITH MC	CRADY				
8529 WINDY CIRCLE BOYNTON BEACH, FL 33437			Ľ	Street Address (P.O. Box Number is 1	O ST.				
						····				
				City LANT	ANA		FL	3000	62	
The above named entities obligations of regis	ty submits this statement for the tered agent.	ne purpose of changing its	registered o	office or register	ed agent, or both, in	the State of Florid	da. Iam fa	miliar with,	and accept	
	0:40 SMa P.	. Д. т	=	· ^^ ~	n	.c		-00 -		
SIGNATURE SIGNATURE, type	d or printed name of registered agent onc	tate if specificable. (NOT	E: Registered Ag	pent signature required		<u>surb</u> e	DATE	08-3	<i>1000</i>	
Filing Fee Is \$61.25 9. Election Campaign F Due by May 1, 2006 Trust Fund Contribut					\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRE	CTORS	11.	-	ADDITIONS/CHANG	ES TO OFFICERS	AND DIDE	CTORS IN		
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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 the rike empowered.

SIGNATURE	:
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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES NESS

02-09-04

561-964-2486

Daytime Phone #