

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N20080

1. Entity Name
SON LIFE LUTHERAN CHURCH, INC.



Principal Place of Business
**9301 JOG ROAD
BOYNTON BEACH, FL 33437 US**

Mailing Address
**9301 JOG ROAD
BOYNTON BEACH, FL 33437 US**



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3519834

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCCRADY, JUDITH
318 W MANGO ST
LANTANA, FL 33462**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MCCRADY, JUDITH
318 W MANGO ST
LAKE WORTH, FL 33462**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SMITH, JEFF
9143 INDIAN RIVER RUN
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, JOHN PASTOR
4759 BLUE PINE CIRCLE
LAKE WORTH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
NESS, JAMES
7376 ASHLEY SHORES CIRCLE
LAKE WORTH, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000590710
01/18/07-80067-001 61.25

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IN THIS SPACE**

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: *Judith A. McCrady* **Judith A. McCrady,**
Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

Date

561-738-5433

Daytime Phone #