## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20544

FILED May 07, 2009 Secretary of State

Entity Name: FOREST EVANGELICAL LUTHERAN CHURCH OF SILVER SPRINGS, FLORIDA, INC.

| Current Principal Place of Business:  |  |  | New Principal  | New Principal Place of Business:                |  |
|---|--|--|--|---|--|
|   | 83 AVE ROAD  | 110  | •  |   |  |
| SILVER S  | PRINGS, FL 34488   | US   |  |   |  |
| Current N   | lailing Address:   |  | New Mailing A  | ddress:   |  |
|   | 83 AVE ROAD<br>PRINGS, FL 34488  | US   |  |   |  |
|   |  | lumber Applied For()  F<br>F.S., the corporation did not red | El Number Not Applicable<br>ceive the prior notice.  | e() Certificate of Status Desired()             |  |
| Name and  | d Address of Curren  | t Registered Agent:  | Name and Add   | ress of New Registered Agent:                   |  |
| PARKER,<br>6975 NE 5<br>OCALA, F  | STH ST   |  |  |   |  |
|   | e named entity submit<br>e of Florida.   | s this statement for the purp                                | ose of changing its reg  | gistered office or registered agent, or both,   |  |
| SIGNATU   | RE:  |  |  |   |  |
|   | Electronic Sign  | nature of Registered Agent                                   |  | Date  |  |
| OFFICER   | S AND DIRECTORS  | :  | ADDITIONS/CH   | HANGES TO OFFICERS AND DIRECTOR                 |  |
|   | VD ( ) Delete  |  |  |   |  |
| Name:<br>Address:   | VP () Delete<br>WISE, KIT<br>16134 SE 14 ST<br>OCKLAWAHA, FL 321   | 79   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | ( ) Change ( ) Addition                         |  |
| Name:<br>Address:<br>City-St-Zip:<br>Title:<br>Name:<br>Address:  | WISE, KIT<br>16134 SE 14 ST  |  | Name:<br>Address:  | ( ) Change ( ) Addition ( ) Change ( ) Addition |  |
| Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:  | WISE, KIT 16134 SE 14 ST OCKLAWAHA, FL 321 PD () Delete SKELLY, ROMAULD 6670 SE 171 CT   | 79<br>D  | Name:<br>Address:<br>City-St-Zip:<br>Title:<br>Name:<br>Address:   |   |  |
| Title: Name: Address: City-St-Zip: City-St-Zip: | WISE, KIT 16134 SE 14 ST OCKLAWAHA, FL 321  PD () Delete SKELLY, ROMAULD 6670 SE 171 CT OCKLAWAHA, FL 321  FS () Delete PAGELS, BETTY 4130 SE 183RD AVE R  | 79<br>D  | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:   | ( ) Change ( ) Addition                         |  |
| Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: Address: Address:                             | WISE, KIT 16134 SE 14 ST OCKLAWAHA, FL 321'  PD () Delete SKELLY, ROMAULD 6670 SE 171 CT OCKLAWAHA, FL 321'  FS () Delete PAGELS, BETTY 4130 SE 183RD AVE R OCKLAWAHA, FL 321'  TD () Delete PARKER, JEAN 6975 NE 5TH ST | 79<br>D<br>79  | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | ( ) Change ( ) Addition ( ) Change ( ) Addition |  |

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: JEAN PARKER T/D 05/07/2009