## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N21640

FILED Mar 26, 2008 Secretary of State

Entity Name: SPIRIT OF JOY LUTHERAN CHURCH, INC.

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

1801 ROUSE ROAD ORLANDO, FL 32817 US

Current Mailing Address: New Mailing Address:

1801 ROUSE ROAD ORLANDO, FL 32817 US

FEI Number: 59-3490645 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:

LINMAN, JEFFREY V 13739 WATERHOUSE WAY ORLANDO, FL 32828 US

**OFFICERS AND DIRECTORS:** 

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:

Electronic Signature of Registered Agent Date

## Electronic eignatare or registerea

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: SD (X) Change () Addition

Name: DECOSSE, KATHY Name: RAUE, KENNETH

 Address:
 13737 SUNSHOWER CIRCLE
 Address:
 13003 MARSH FERN DRIVE

 City-St-Zip:
 ORLANDO, FL 32828 US
 City-St-Zip:
 ORLANDO, FL 32828 US

Title: PD () Delete Title: () Change () Addition

 Name:
 CONNORS, ERIN
 Name:

 Address:
 1018 OCEANBREEZE CT.
 Address:

 City-St-Zip:
 ORLANDO, FL 32828 US
 City-St-Zip:

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

 Name:
 HUSTON, DEREK
 Name:

 Address:
 426 POPLAR COURT
 Address:

 City-St-Zip:
 MAITLAND, FL 32751 US
 City-St-Zip:

 $\label{eq:title:title:total} \textit{Title:} \qquad \textit{VPD} \qquad \textit{( ) Delete} \qquad \qquad \textit{Title:} \qquad \textit{VPD} \qquad \textit{(X) Change ( ) Addition}$ 

Name: SCHNEIDER, MARK Name: BODKIN, MICHAEL

Address: 363 ISLE OF SKY CIRCLE Address: 14421 LAKE UNDERHILL ROAD City-St-Zip: ORLANDO, FL 32828 US City-St-Zip: ORLANDO, FL 32828 US

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: ERIN CONNORS PD 03/26/2008