

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33350

FILED
Jan 24, 2009
Secretary of State

Entity Name: LORD OF LIFE EVANGELICAL LUTHERAN CHURCH, INC.

Current Principal Place of Business:

2104 MUD LAKE ROAD
PLANT CITY, FL 33567

New Principal Place of Business:

2104 MUD LAKE ROAD
PLANT CITY, FL 33566

Current Mailing Address:

2104 MUD LAKE RD
PLANT CITY, FL 33567 US

New Mailing Address:

2104 MUD LAKE ROAD
PLANT CITY, FL 33566

FEI Number: 59-2954867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARMAGOST, DONALD J
2910 ASTON AVE
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

ARMAGOST, DONALD J TREAS
2910 ASTON AVE
PLANT CITY, FL 33566 US

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: DONALD J. ARMAGOST

01/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: DUKES, TIM
Address: 3352 SILVER MOON DRIVE
City-St-Zip: PLANT CITY, FL 33566

Title: TD () Delete
Name: ARMAGOST, DONALD
Address: 2910 ASTON AVE
City-St-Zip: PLANT CITY, FL 335677243

Title: P () Delete
Name: MACLEOD, MILLIE
Address: 3333 MICHENER PL
City-St-Zip: PLANT CITY, FL 33566

Title: VPD () Delete
Name: GRIFFIN, JANICE
Address: 2912 CLUBHOUSE DR
City-St-Zip: PLANT CITY, FL 33566

Title: VP () Delete
Name: DILTZ, DONALD
Address: 4051 WHISTLE WOOD CIRCLE
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD J. ARMAGOST

TREA

01/24/2009

Electronic Signature of Signing Officer or Director

Date