


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N38785 1. Entity Name CHURCH OF THE LUTHERAN CONFESSION OF NORTH PORT, FLORIDA, INC. |  |
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| Principal Place of Business 14600 S. TAMiami TRAIL NORTH PORT FL 34287 | Mailing Address 14600 S. TAMiami TRAIL NORTH PORT FL 34287 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|-----------------------------|-----------------------------|
| City & State Zip Country | City & State Zip Country |
|-----------------------------|-----------------------------|



MOORE CR2E037 (11/03)

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| 6. Name and Address of Current Registered Agent PETERS, ROBERT A 7445 MANASOTA KEY ENGLEWOOD FL 34223 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|--|---|---|
| TITLE | TD PETERS, ROBERT A. 7445 MANASOTA KEY ENGLEWOOD FL | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | U00000040206 |
| STREET ADDRESS | | STREET ADDRESS | 02/09/04-80036-023 61.25 |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | D GARCA, FRANK | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | 6700 HARMONY ROAD | STREET ADDRESS | |
| CITY- ST- ZIP | NORTH PORT FL | CITY- ST- ZIP | |
| TITLE | SD MITCHELL, AUBREY JR | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | 5977 ESPANOLA AVE | STREET ADDRESS | |
| CITY- ST- ZIP | N PORT FL | CITY- ST- ZIP | |
| TITLE | PD EVFOURTH, LYLE | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | 723 RIVER VIEW CIR | STREET ADDRESS | |
| CITY- ST- ZIP | NORTH PORT FL 34287 | CITY- ST- ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <input type="checkbox"/> Delete | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert A. Peters **ROBERT A. PETERS** 1/31/04 941-474-4585