

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # N38785

1. Entity Name

**CHURCH OF THE LUTHERAN CONFESSION OF NORTH
PORT, FLORIDA, INC.**



Principal Place of Business

**14600 S. TAMiami TRAIL
NORTH PORT FL 34287**

Mailing Address

**14600 S. TAMiami TRAIL
NORTH PORT FL 34287**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERS, ROBERT A
7445 MANASOTA KEY
ENGLEWOOD FL 34223**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PETERS, ROBERT A.**
STREET ADDRESS **7445 MANASOTA KEY**
CITY-STATE-ZIP **ENGLEWOOD FL**

TITLE ☐ Delete
NAME **SCHALLER, MARK**
STREET ADDRESS **3226 SW 7TH AVE**
CITY-STATE-ZIP **CAPE CORAL FL 33914**

TITLE ☐ Delete
NAME **MITCHELL, AUBREY JR**
STREET ADDRESS **5977 ESPANOLA AVE**
CITY-STATE-ZIP **N PORT FL**

TITLE ☐ Delete
NAME **EVFOURTH, LYLE**
STREET ADDRESS **723 RIVER VIEW CIR**
CITY-STATE-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U00000612778**
CITY-STATE-ZIP **02/05/07-80013-022 61.25**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert A. Peters
ROBERT A. PETERS

2/1/07

941-474-4385