

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44964

FILED
Feb 06, 2008
Secretary of State

Entity Name: EAST ARLINGTON GRACE LUTHERAN CHURCH, INC.

Current Principal Place of Business:

12200 MCCORMICK RD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

12200 MCCORMICK RD
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-3086363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOESDORFER, CRAIG
14005 SPANISH MARSH TR
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOESDORFER, CRAIG
Address: 14005 SPANISH MARSH TR
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV () Delete
Name: SIEWERT, DARYL
Address: 5093 LINCOLNSHIRE
City-St-Zip: JACKSONVILLE, FL 32217

Title: DT () Delete
Name: SKYLES, JASON
Address: 8429 VERMANTH ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: DS () Delete
Name: BECKWITH, DARLA
Address: 739 ARLINGWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32211

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:

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: JASON E SKYLES

DT

02/06/2008

Electronic Signature of Signing Officer or Director

Date