2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51317

FILED Feb 10, 2009 Secretary of State

Entity Name: CHRIST LUTHERAN CHURCH OF BROOKSVILLE, FLORIDA, INC.

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

475 NORTH AVE. WEST BROOKSVILLE, FL 34601

Current Mailing Address: New Mailing Address:

475 NORTH AVE. WEST BROOKSVILLE, FL 34601

FEI Number: 23-7046292 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:

ERICKSON, SKIP
7116 OXLEY RD
5 SCHIZANTHUS CT

BROOKSVILLE, FL 34601 US HOMOSASSA, FL 34446 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: PHILIP HUNTWORK 02/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 KORN, WILLIAM J JR
 Name:
 REIGN, FREEMAN V

 Address:
 10235 TRUDY LYNN DR
 Address:
 910 HAMMOCK RD

 City-St-Zip:
 BROOKSVILLE, FL 34601
 City-St-Zip:
 BROOKSVILLE, FL 34601

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

 Name:
 DUNSTAN, BETTY
 Name:

 Address:
 9091 DICKENS AVE
 Address:

 City-St-Zip:
 BROOKSVILLE, FL 34613
 City-St-Zip:

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

 Name:
 ERICKSON, SKIP
 Name:
 HUNTWORK, PHILIP

 Address:
 7116 OXLEY RD
 Address:
 5 SCHIZANTHUS CT

 City-St-Zip:
 BROOKSVILLE, FL 34601
 City-St-Zip:
 HOMOSASSA, FL 34446

Title: T () Delete Title: () Change () Addition

 Name:
 HITE, FLORA M
 Name:

 Address:
 12279 BIRCH ST
 Address:

 City-St-Zip:
 BROOKSVILLE, FL 34613
 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: FLORA M. HITE T 02/10/2009