

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000001018

FILED
Apr 18, 2008
Secretary of State

Entity Name: BEAUTIFUL SAVIOR LUTHERAN CHURCH FOUNDATION, INC.

Current Principal Place of Business:

7461 PROSPECT RD
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

7461 PROSPECT RD
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-0390515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAUTIFUL SAVIOR LUTHERAN CHURCH, INC.
7461 PROSPECT RD
SARASOTA, FL 34243 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: D () Delete
Name: DANFORD, CHRIS
Address: 6604 BUTLER'S CREST DRIVE
City-St-Zip: BRADENTON, FL 34203

Title: D () Delete
Name: MORRIS, GISELA
Address: 5829 GARDEN LAKES DRIVE
City-St-Zip: BRADENTON, FL 34203

Title: D (X) Delete
Name: TURNER, MICHAEL
Address: 810 CEDAR HARBOUR CT
City-St-Zip: BRADENTON, FL 34212

Title: D (X) Delete
Name: SPYKER, DORIS
Address: 8367 38TH ST. CIR. E #102
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TURNER, MICHAEL
Address: 810 CEDAR HARBOUR CT.
City-St-Zip: BRADENTON, FL 34212

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: GISELA MORRIS

D

04/18/2008

Electronic Signature of Signing Officer or Director

Date