


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90027 017 ****61.25

DOCUMENT # N93000003072	
1. Entity Name BEAUTIFUL SAVIOR EVANGELICAL LUTHERAN CHURCH OF LEHIGH ACRES, INC.	

Principal Place of Business 215 N RICHMOND AVE LEHIGH ACRES, FL 33972 US	Mailing Address 215 N RICHMOND AVE LEHIGH ACRES, FL 33972 US
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2. Principal Place of Business - No P.O. Box # 215 Richmond Ave N	3. Mailing Address 215 Richmond Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip 33936	Country
Zip 33936	Country

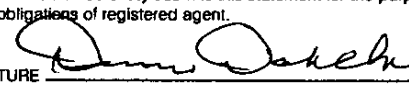


03222008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0324191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DAHLKE, DENNIS 303 ELFIN AVE LEHIGH ACRES, FL 33972	

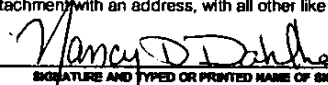
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 303 Fifth Ave	
City	FL Zip Code 33936

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.	Dennis Dahlke President (NOTE: Registered Agent signature required when reinstating) DATE 3-22-08

Filing Fee is \$61.25 Due by May 1, 2008	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAHLKE, DENNIS 303 FIFTH AVE LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV QUICK, RICHARD 612 JAMES AVE LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PERSINGER, BARBARA 706 COLUMBUS AVE LEHIGH ACRES, FL 33972 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAHLKE, NANCY 303 FIFTH AVE. LEHIGH ACRES, FL 33972 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Dahlke, Nancy 303 Fifth Ave Lehigh Acres FL 33936 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Nancy D Dahlke Date 3-22-08 Daytime Phone # 239-671-0789