2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001183

FILED Mar 23, 2009 Secretary of State

Entity Name: FAITH LUTHERAN CHURCH OF CLEWISTON, INC.

Current Principal Place of Business: New Principal Place of Business: 810 CEDAR ST CLEWISTON, FL 33440 **Current Mailing Address: New Mailing Address:** P.O. BOX 338 CLEWISTON, FL 33440 FEI Number: 65-0155169 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: HUSS, JOHANNA 300 SÁGINAW AVE CLEWISTON, FL 33440 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DIERKS, RONALD DIERKS, RONALD Name: Name: 320 DESOTO AVE. Address: 320 DESOTO AVE. Address: City-St-Zip: CLEWISTON, FL City-St-Zip: CLEWISTON, FL Title: Title: () Delete () Change () Addition HUSS, JOHANNA Name: Name: Address: 300 SAGINAW AVE Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: Title: () Change () Addition () Delete DAVIS, LINDA Name: Name: 100 E AZTEK AVE APT 2 Address: Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: () Delete Title: (X) Change () Addition MUNTER, ERNEST JR Name: Name: MUNTER, ERNEST JR Address: PO BOX 38 Address: PO BOX 38 City-St-Zip: CLEWISTON, FL City-St-Zip: CLEWISTON, FL Title: () Delete Title: () Change () Addition LENZ, JOHN Name: Name: 36 AZALEA AVE. Address: Address: City-St-Zip: MOORE HAVEN, FL 33471 City-St-Zip: Title: () Delete Title: (X) Change () Addition WEBB, JACK D WEBB, JACK D Name: Name: Address: 219 RIDGEWOOD AVE Address: 219 RIDGEWOOD AVE CLEWISTON, FL 33440 CLEWISTON, FL 33440 City-St-Zip: 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: JOHANNA HUSS T 03/23/2009