

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004360

FILED
Jan 10, 2005
Secretary of State

Entity Name: CONCORDIA LUTHERAN MIDDLE SCHOOL, INC.

Current Principal Place of Business:

5601 HANLEY RD
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

5601 HANLEY RD
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-3405538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GABBERT, TIMOTHY
5601 HANLEY RD
TAMPA, FL 33634 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: P () Delete
Name: WOOD, RONALD
Address: 1905 W. KIRBY ST
City-St-Zip: TAMPA, FL 33604

Title: T () Delete
Name: HUMBLE, RON
Address: 12514 SPARKLEBERRY RD.
City-St-Zip: OLDSMAR, FL 34677

Title: S () Delete
Name: KATHY, CHRISTIANSEN
Address: 9201 BRINDLEWOOD DR.
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: CUCULICH, STEVE
Address: 1611 RENAISSANCE WAY
City-St-Zip: TAMPA, FL 33602

Title: D (X) Delete
Name: ARNHOLZ, DON
Address: 3437 SHORE CT
City-St-Zip: LAND O LAKES, FL 34639

Title: D (X) Delete
Name: WILHELM, GRACE
Address: 12109 STEPPINGSTONE BLVD.
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEMKE, MARK
Address: 5632 GLENCREST BLVD.
City-St-Zip: TAMPA, FL 33625

Title: D (X) Change () Addition
Name: FAIRCLOTH, MICHAEL
Address: 8903 W FLORA
City-St-Zip: TAMPA, FL 33615

Title: D (X) Change () Addition
Name: MOST, CATHY
Address: 7103 HALIFAX CT.
City-St-Zip: TAMPA, FL 33615

Title: D (X) Change () Addition
Name: RENO, HILDA
Address: 5901 N SUWANEE AVE.
City-St-Zip: TAMPA, FL 33604

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 for the exemption stated in Section 119.07(3)(i), 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: MARK LEMKE

P

01/10/2005

Electronic Signature of Signing Officer or Director

Date