

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004360

FILED
Jan 05, 2007
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: LEMKE, MARK
Address: 5632 GLENCREST BLVD.
City-St-Zip: TAMPA, FL 33625

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

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

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

Title: D () Delete
Name: BENNETT, FRED
Address: 8825 WELLINGTONDR.
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FAIRCLOTH, MICHAEL
Address: 8718 LINDENHURST PL.
City-St-Zip: TAMPA, FL 33634

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 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: MARK LEMKE

PRES

01/05/2007

Electronic Signature of Signing Officer or Director

Date