2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004360

FILED Jan 07, 2008 Secretary of State

Entity Name: CONCORDIA LUTHERAN MIDDLE SCHOOL, INC.

Current Principal Place of Business: New Principal Place of Business: 5601 HANLEY RD TAMPA, FL 33634 US **Current Mailing Address: New Mailing Address:** 5601 HANLEY RD TAMPA, FL 33634 US FEI Number: 59-3405538 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: GABBERT, TIMOTHY MIESSLER, MARK 5601 HANLEY RD 5601 HANLEY RD TAMPA, FL 33634 US US TAMPA, FL 33634 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: MARK MIESSLER 01/07/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition LEMKE, MARK RENO, HILDA Name: Name: 5632 GLENCREST BLVD. Address: 5901 N SUWANEE AVE. Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: TAMPA, FL 33604 Title: Title: () Delete () Change () Addition FAIRCLOTH, MICHAEL Name: Name: Address: 8718 LINDENHURST PL. Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: () Delete Title: () Change () Addition MOST, CATHY Name: Name: 7103 HALIFAX CT. Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: () Delete Title: (X) Change () Addition RENO, HILDA Name: Name: FENTON, CHARENE 5901 N SUWANEE AVE. 305 COUNTRY CLUB DR. Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip: OLDSMAR, FL 34677 Title: () Delete Title: () Change () Addition BENNETT, FRED Name: Name: 8825 WELLINGTONDR. Address: Address: City-St-Zip: TAMPA, FL 33635 City-St-Zip: Title: () Delete Title: () Change (X) Addition CHRIEN, NANCY Name: Name: Address: Address: 316 E SHORE DR. OLDSMAR, FL 34677 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: HILDA RENO P 01/07/2008