2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N96000004360

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:

MIESSLER, MARK
5601 HANLEY RD
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

WEINGART, PATRICIA
5601 HANLEY RD
TAMPA, FL 33634 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: PATRICIA WEINGART 01/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Delete
Name: FENTON, CHARENE
Address: 305 COUNTRY CLUB DR.
City-St-Zip: OLDSMAR, FL 34677

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

Title: D ( ) Delete
Name: CHRIEN, NANCY
Address: 316 E SHORE DR.
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: SHEPLER, THOMAS II
Address: 7316 FOUNTAIN AVE
City-St-Zip: TAMPA, FL 33634

Title: D (X) Change ( ) Addition
Name: HOORNSTRA, JEAN
Address: 10009 BROMPTON DR
City-St-Zip: TAMPA, FL 33626

Title: ( ) Change ( ) Addition
Name:
Address:
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: HILDE RENO P 01/22/2009
Electronic Signature of Signing Officer or Director Date