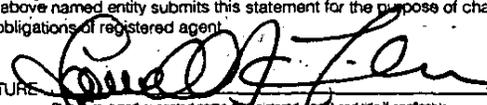


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90058 039 ****61.25

DOCUMENT # N98000005239			
1. Entity Name AVON PARK LUTHERAN MISSION, INC.			
Principal Place of Business 4348 SCHUMEELEER RD. SEBRING, FL 33872		Mailing Address 3236 RED WATER DR., AVON PARK, FL 33825	
2. Principal Place of Business 4348 Schumacher Rd. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Sebring, FL		City & State	
Zip 33872		Country	
6. Name and Address of Current Registered Agent FRICKER, LOWELL J SR. 1843 US 27 NORTH SEBRING, FL 33870		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Lowell J. Fricker		DATE 3/20/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRICKER, GAIL 4324 ELSON AVE. SEBRING, FL 33875 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTESTINE, EUGENE 3236 RED WATER DR AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NOTESTINE, ARDITH 3236 RED WATER DR. AVON PARK, FL 33825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAY NAPPER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 323 S. Huckleberry Lake Drive Sebring, FL. 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRCKER, SR., LOWELL J 4324 ELSON AVE. SEBRING, FL 33875 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASLEY, KEVIN 3814 TANGIER ST. SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WALCK, HOWARD E 311 LUREN AVE SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: March 16 th , 2005 (863) 382-0636	