

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90065 032 ****61.25

DOCUMENT # N98000005239

1. Entity Name
CHRIST LUTHERAN CHURCH OF AVON PARK, INC.



Principal Place of Business
4348 SCHUMACHER RD.
SEBRING, FL 33872

Mailing Address
3236 RED WATER DR.,
AVON PARK, FL 33825

2. Principal Place of Business - No P.O. Box #
1320 C.R. 64 E.

3. Mailing Address
Box 819

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
AVON PARK, FL

City & State
AVON PARK, FL

Zip
33825

Country
USA

Zip
33826

Country
USA

01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0867745

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 **FRICKER, LOWELL J. SR.**

Street Address (P.O. Box Number is Not Acceptable)
4118 ELSON AVE

City **SEBRING**

FL

Zip Code
33875

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

Signature, typed or printed name of registered agent and title if applicable.

Lowell J. FRICKER, SR

(NOTE: Registered Agent signature required when reinstating)

1/16/08

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **FRICKER, GAIL**
STREET ADDRESS **4115 ELSON AVE.**
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE **D** ☐ Delete
NAME **NOTESTINE, EUGENE**
STREET ADDRESS **3236 RED WATER DR**
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **DT** ☒ Delete
NAME **NOTESTINE, ARDITH**
STREET ADDRESS **3236 ROAD WATER DR**
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE **PD** ☐ Delete
NAME **FRCKER, SR., LOWELL J**
STREET ADDRESS **4118 ELSON AVE.**
CITY-ST-ZIP **SEBRING, FL 33875**

TITLE **D** ☐ Delete
NAME **KASLEY, KEVIN**
STREET ADDRESS **3714 SCENIC HWY**
CITY-ST-ZIP **SEBRING, FL 33870**

TITLE **D** ☒ Delete
NAME **FARRNUM, JIM**
STREET ADDRESS **1730 N VALENCIA DR**
CITY-ST-ZIP **AVON PARK, FL 33825**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DT MUSSMANN, EDWIN**
STREET ADDRESS **617 E. CRYSTAL LAKE DR.**
CITY-ST-ZIP **AVON PARK, FL 33825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D HUBERT ARD**
STREET ADDRESS **9952 N. HAMMOCK RD**
CITY-ST-ZIP **206FD SPRINGS, FL 33890**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 duly empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 1/16/08 863-471-6723

Date

Daytime Phone #