

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005239

FILED
Jan 11, 2009
Secretary of State

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

Current Principal Place of Business:

1320 CR 64 E
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

POB 819
AVON PARK, FL 33826

New Mailing Address:

FEI Number: 65-0867745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRICKER, LOWELL J SR.
4118 ELSON AVE
SEBRING, FL 33875 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: SD () Delete
Name: FRICKER, GAIL
Address: 4115 ELSON AVE.
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: NOTESTINE, EUGENE
Address: 3236 RED WATER DR
City-St-Zip: AVON PARK, FL 33825

Title: DT () Delete
Name: MUSSMANN, EDWIN
Address: 617 E CRYSTAL LAKE DR
City-St-Zip: AVON PARK, FL 33825

Title: PD () Delete
Name: FRCKER, SR., LOWELL J
Address: 4118 ELSON AVE.
City-St-Zip: SEBRING, FL 33875

Title: VD () Delete
Name: KASLEY, KEVIN
Address: 3714 SCENIC HWY
City-St-Zip: SEBRING, FL 33870

Title: D (X) Delete
Name: ARD, HUBBARD
Address: 9952 N HAMMOCK RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change () Addition
Name: FRICKER, LOWELL J SR
Address: 4118 ELSON
City-St-Zip: SEBRING, FL 33875

Title: PD (X) Change () Addition
Name: KASLEY, KEVIN
Address: 3714 SCENIC HWY
City-St-Zip: SEBRING, FL 33870

Title: VD (X) Change () Addition
Name: PURATH, AL
Address: 1863 W H ST #336
City-St-Zip: AVON PARK, FL 33825

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: LOWELL J. FRICKER, SR.

T/D

01/11/2009

Electronic Signature of Signing Officer or Director

Date