2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 8:00 am Secretary of State

1. Entity Name SOUTH WALTON HOPE LUTHERAN CHURCH, INC.						04-21-2006	90125 02.	5 ****6:	1.25
90 SPIRES LANE #6-A P.O.		Mailing Address P.O. BOX 1651 SANTA ROSA BEACH, FL	•		. 1821 118 1 215 1811	: : : : : : : : : : : : : : : : : : :	s diele derni delin	#1813 148 48 34	11 TK B) LWB4
2. Principal Place of Business 3. M.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04182006	Chg-NP	CR2E037	(11/05)	
City & State		City & State			4. FEI Number 59-36565	77	-		plied For t Applicable
Zíp	Country Zip Cou		Country		5. Certificate of	Status Desired		8.75 Add se Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SCHROEDER, DONALD L				Name					
324 STILLWATER COVE DESTIN, FL 32541			Street	Street Address (P.O. Box Number is Not Acceptable)					
			City	· · · · · · · · · · · · · · · · · · ·			FL	Zip Code	······································
. The choice	parand antity multiplies this statement for	nanistana d -ffias							
the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its i	egisterea onice	or registers	ed agent, or both, I	in the state of Fig	nca. Iam tai	mmer with,	and accept
SIGNATURE .	i,								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent sign	esture required	when reinstating)		DATE		
Due by May 1, 2006 Trus			paign Financing ontribution.	ibution. Added to Fees Florida De			ake check p Ida Departn		
10.	OFFICERS AND DIR		11.	<u> </u>	DDITIONS/CHAN	GES TO OFFICE			
TITLE NAME	PD SCHROEDER, DON	☐ Delete	TITLE NAME				Į	Change	Addition
STREET ADDRESS CITY-ST-ZIP	324 STILLWATER COVE DESTIN, FL 32541		STREET ADDRESS CITY-SI-ZIP	5					
TITLE	VD	☐ Delete	TITLE					Change	☐ Addition
NAME Street address	HACKÉ, GEORGE 280 IVY LANE		NAME STREET ADDRESS	,					
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459)	CITY-ST-ZIP						
TITLE	TD	☐ Delete	TITLE					Change	Addition
NAME Street address	ANDREAS, LEANNE 2126 SCHOONER COVE		NAME STREET ADDRESS	;					
CITY-ST-ZIP	DESTIN, FL 32550		CITY-ST-ZIP						
TITLE	D WEISE, DOUG	Delete	TITLE]	Change	Addition
NAME Street Address	l ' '		NAME STREET ADORESS	;					
	23001 FRONT BEACH RD			1					
Caty-St-Zip	23001 FRONT BEACH RD PANAMA CITY BEACH, FL 3241	3	CITY-ST-ZIP						
CATY-ST-ZIP Title		3 □ Delete	TITLE	SD	YNA TA	chatt		Change	Addition
CATY-ST-ZIP			TITLE NAME	5D D01	VNA TA	cost			_
CATY-ST-ZIP TITLE NAME			TITLE	5D Don 148	VNA TAI 3 Ridge 160 Rosa	cost noso Bosch	,FL. :	□ Change	_
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5D Don 148 San	VNA TA 3 Ridge 16A Rossa	cbott Roso Bosch	,FL.		_
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Selete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DO1	WA TA	cbott roso Bosch	,FL.	3 <i>245</i>	'ኝ
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Selete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DO1	YNA TAI B RIDGE 164 ROSA	Cbott Roso Bosch	,FL.	3 <i>245</i>	'ኝ

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 like empowered.

SIGNATURE: Scarme Andrew LEANNE DINGRED Date Date DESCRIPTION PROMED PRO