


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90060 009 \*\*\*\*61.25

<b>DOCUMENT # N99000004423</b> 1. Entity Name SOUTH WALTON HOPE LUTHERAN CHURCH, INC.					
Principal Place of Business 90 SPIRES LANE #6-A SANTA ROSA BEACH, FL 32459				Mailing Address P.O. BOX 1651 SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHROEDER, DONALD L 324 STILLWATER COVE DESTIN, FL 32541				Name <u>MASON, BRICK</u> Street Address (P.O. Box Number is Not Acceptable) <u>145 ROLLING DUNES DRIVE</u> <u>SANTA ROSA BEACH</u> City <u>FL</u> Zip Code <u>32459</u>	
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 <u>[Signature]</u> (BRICK MASON - President) 2/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHROEDER, DON 324 STILLWATER COVE DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, BRICK 145 ROLLING DUNES DRIVE SANTA ROSA BEACH, FL. 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HACKE, GEORGE 280 IVY LANE SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHROEDER, HELEN 324 STILLWATER COVE DESTIN, FL. 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDREAS, LEANNE 2126 SCHOONER COVE DESTIN, FL 32550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TALBOTT, DONNA 148 RIDGE ROAD SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: <u>[Signature]</u> (BRICK MASON) 2/21/07 850) 267-2055 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					