2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004423

FILED Jaņ 0<u>8, 2</u>009 Secretary of State

Entity Name: SOUTH WALTON HOPE LUTHERAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 1477 S CTRY HWY 393 SANTA ROSA BEACH, FL 32459 **Current Mailing Address: New Mailing Address:** P.O. BOX 1651 SANTA ROSA BEACH, FL 32459 FEI Number: 59-3656577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRICK, MASON 145 RÓLLING DUNES DR. US SANTA ROSA BEACH, FL 32459 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BRICK, MASON Name: Name: 145 ROLLING DUNE DR. Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: VD Title: TD (X) Change () Addition () Delete Name: WEISE, DOUG Name: TALBOTT, DONNA Address: 23001 FRONT BCH RD Address: 148 RIDGE ROAD City-St-Zip: PANAMA CITY BEACH, FL 32413 City-St-Zip: SANTA ROSA BEACH, FL 32459 Title: TD () Delete Title: VD. (X) Change () Addition HACKE, GEORGE HACKE, GEORGE Name: Name: Address: 280 IVY LN Address: 280 IVY LN City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: SANTA ROSA BEACH, FL 32459 () Change () Addition Title: (X) Delete Title: Name: TALBOTT, DONNA Name: Address: 148 RIDGE ROAD Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 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: DONNA TALBOTT TD 01/08/2009