I hereby 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 all other like empowered.

TREASURER

SIGNATURE: TERESA KOUFONIKOS

Electronic Signature of Signing Officer/Director Detail

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.

| 9 | VP | Title | TREASURER |
|-------------|------------------------|-----------------|---------------------------|
| ne | FARRELL, SHIRLEY | Name | KOUFONIKOS, TERESA |
| lress | 3435 HIDDEN LAKES DR W | Address | 967 MISTY MOUNTAIN DR. WE |
| -State-Zip: | JACKSONVILLE FL 32216 | City-State-Zip: | JACKSONVILLE FL 32225 |
| | | | |
| 9 | SECRETARY | Title | PRESIDENT |
| ne | TANO, ROBERT | Name | KEISTER, MARK |
| lress | 7867 GLEN ECHO RD N | Address | 5205 RIVERTON RD |
| -State-Zip: | JACKSONVILLE FL 32211 | City-State-Zip: | JACKSONVILLE FL 32277 |
| | | | |

(

SIGNATURE:

| Officer/Director Detail : | | | | |
|---------------------------|------------------------|-----------------|-----------------------------|--|
| Title | VP | Title | TREASURER | |
| Name | FARRELL, SHIRLEY | Name | KOUFONIKOS, TERESA | |
| Address | 3435 HIDDEN LAKES DR W | Address | 967 MISTY MOUNTAIN DR. WEST | |
| City-State-Zip: | JACKSONVILLE FL 32216 | City-State-Zip: | JACKSONVILLE FL 32225 | |
| - | | T :4 - | | |
| Title | SECRETARY | Title | PRESIDENT | |
| Name | TANO, ROBERT | Name | KEISTER, MARK | |
| Address | 7867 GLEN ECHO RD N | Address | 5205 RIVERTON RD | |
| City-State-Zip: | JACKSONVILLE FL 32211 | City-State-Zip: | JACKSONVILLE FL 32277 | |

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ST. MATTHEW'S LUTHERAN CHURCH 12086 FORT CAROLINE RD. SUITE 404 JACKSONVILLE, FL 32225 US

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709831

Entity Name: ST. MATTHEW'S EVANGELICAL LUTHERAN CHURCH

Current Principal Place of Business:

12086 FORT CAROLINE RD SUITE 404 JACKSONVILLE, FL 32225

Current Mailing Address:

P.O. BOX 350119 JACKSONVILLE, FL 32235 US

FEI Number: 59-6044099

FILED Mar 31, 2022 Secretary of State 4316816292CC

Certificate of Status Desired: No

03/31/2022

Date