

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770767

Entity Name: CHRIST THE KING LUTHERAN CHURCH OF LABELLE, INC.**Current Principal Place of Business:**350 COUNTY ROAD 78
LA BELLE, FL 33935**Current Mailing Address:**P.O. BOX 2925
LABELLE, FL 33975 US**FEI Number:** 05-0000990**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HENDRICKSON, NANCY
719 FORT THOMPSON AVE
P.O. BOX 1482
LABELLE, FL 33975 US*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:** NANCY HENDRICKSON

02/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	KERR, ROOSEVELT R
Address	4005 SCHOOL CIRCLE
City-State-Zip:	PORT LABELLE FL 33975

Title	SECRETARY
Name	MEAD, HELEN
Address	P.O. BOX 2109
City-State-Zip:	LABELLE FL 33975

Title	PRESIDENT
Name	HENDRICKSON, NANCY
Address	P.O. BOX 1482
City-State-Zip:	LABELLE FL 33975

Title	T
Name	SOULLIERE, LYNNE
Address	337 BOTTLEBRUSH AVE
City-State-Zip:	LABELLE FL 33935

Title	PASTOR
Name	MOSKOVITES, NICHOLAS
Address	4495 WATERCOLOR WAY
City-State-Zip:	FORT MYERS FL 33966

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.

SIGNATURE: NICHOLAS MOSKOVITES

PASTOR

02/20/2020

Electronic Signature of Signing Officer/Director Detail

Date