

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38785

**Entity Name:** CHURCH OF THE LUTHERAN CONFESSION OF NORTH PORT,  
FLORIDA, INC.

**FILED**  
**Mar 31, 2015**  
**Secretary of State**  
**CC0442538348**

**Current Principal Place of Business:**

14600 S. TAMIAMI TRAIL  
NORTH PORT, FL 34287

**Current Mailing Address:**

14600 S. TAMIAMI TRAIL  
NORTH PORT, FL 34287

**FEI Number: 65-0196034**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHALLER, MARK S  
4228 SW 20TH AVE  
CAPE CORAL, FL 33914 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: MARK S SCHALLER**

**03/31/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           SCHALLER, MARK  
Address        4228 SW 20TH AVE  
City-State-Zip: CAPE CORAL FL 33914

Title           PRESIDENT  
Name           ERFOURTH, LYLE  
Address        723 RIVER VIEW CIR  
City-State-Zip: NORTH PORT FL 34287

Title           PASTOR  
Name           WEIS, MARK  
Address        1326 INNSBRUCK CT.  
City-State-Zip: WINTER HAVEN FL 33884

Title           SECRETARY  
Name           OWINGS, CRAIG  
Address        1137 SE 33RD TERRACE  
City-State-Zip: CAPE CORAL FL 33904

*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: MARK SCHALLER**

**TREASURER**

**03/31/2015**

Electronic Signature of Signing Officer/Director Detail

Date