FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1995 MAY -1 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705086** **(7)**

1. Corporation Name

FAITH EVANGELICAL LUTHERAN CHURCH OF DELAND FLOR IDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
509 E PENNSYLVANIA AVE. DELAND FL 32724	509 E PENNSYLVANIA AVE. DELAND FL 32724

3. Date Incorporated or Qualified: **01/21/1963**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-0914204** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WHITE SR, BYRON W
350 C AYESBURY CIR
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 320-J AYESBURY CIRCLE
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Rev. Byron W. White, Sr. April 19, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	☐ Change ☐ Addition
NAME	BLOMBERG, HERBERT	12 NAME	600001472406
STREET ADDRESS	2344 WINDERMERE LANE	13 STREET ADDRESS	-05/03/95--01021--007
CITY-ST-ZIP	ORANGE CITY, FL 0	14 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	PD	21 TITLE	PD ☒ Change ☐ Addition
NAME	SILBER, TOM	22 NAME	NEHRIG, PAUL
STREET ADDRESS	608 SHADY POINT WAY	23 STREET ADDRESS	2350 Tomoka Woods Parkway
CITY-ST-ZIP	DELAND FL	24 CITY-ST-ZIP	DeLeon Springs FL 32130
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	KELLY, NORMAN	32 NAME	
STREET ADDRESS	244 BAXTER	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FERRELL, SUE	42 NAME	
STREET ADDRESS	200 WEST MICHIGAN AVE	43 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	ROE, OLAF	52 NAME	
STREET ADDRESS	450 N MCDONALD AVE	53 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	JHB
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	5-1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Herbert S. Blomberg 4/5/95 904 775-0248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
HERBERT S. BLOMBERG TREASURER

0031218