FILE NOW: FILING FEE IS $61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name

FAITH EVANGELICAL LUTHERAN CHURCH OF DELAND FLOR IDA, INC.

Principal Place of Business	Mailing Address
509 E PENNSYLVANIA AVE. DELAND FL 32724	509 E PENNSYLVANIA AVE. DELAND FL 32724-3616

3. Date Incorporated or Qualified: 01/21/1963
3a. Date of Last Report: 01/31/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

WHITE, BYRON W SR
1064 TORCHWOOD DR
DELAND FL 32724

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	XXX DELETE	1.1 TITLE	P/D	XX Change ☐ Addition
NAME	RINTZ, RICK		1.2 NAME	Struble, Wayne D.	
STREET ADDRESS	39 LYON DRIVE		1.3 STREET ADDRESS	1785 North Oak Street	
CITY-ST-ZIP	DELAND FL 32724		1.4 CITY-ST-ZIP	DeLand, Florida 32724	
TITLE	VD	XXX DELETE	2.1 TITLE	V/D	XX Change ☐ Addition
NAME	MALONEY, JOAN		2.2 NAME	Allebach, James	
STREET ADDRESS	607 CHERRY TREE LANE		2.3 STREET ADDRESS	1060 Alhambra Street	
CITY-ST-ZIP	DELAND FL 32724		2.4 CITY-ST-ZIP	Deltona, Florida 32725	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STRUBLE, MARY LOU		3.2 NAME		
STREET ADDRESS	1785 NORTH OAK ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32724		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	T	XX Change ☐ Addition
NAME	MALONEY, FRANK		4.2 NAME	Burkey, Charles A.	
STREET ADDRESS	607 CHERRY TREE LANE		4.3 STREET ADDRESS	810 East Wisconsin Avenue	
CITY-ST-ZIP	DELAND FL 32724		4.4 CITY-ST-ZIP	DeLand, Florida 32724	
TITLE	D	XXX DELETE	5.1 TITLE	D	XX Change ☐ Addition
NAME	KELLY, NORMAN		5.2 NAME	Larson, Lloyd	
STREET ADDRESS	244 BAXTER RD		5.3 STREET ADDRESS	951 Oakwood Road	
CITY-ST-ZIP	LAKE HELEN FL 32744		5.4 CITY-ST-ZIP	Orange City, Florida 32763	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CORNWELL, JEAN		6.2 NAME		
STREET ADDRESS	600 E. MINNESOTA AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32724		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Wayne D. Struble FILED Wayne D. Struble 4/28/97 904-734-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013502