

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90185 017 ****70.00

DOCUMENT # 705086

1. Corporation Name

**FAITH EVANGELICAL LUTHERAN CHURCH OF DELAND FLOR
IDA, INC.**

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

Mailing Address
**509 E PENNSYLVANIA AVE.
DELAND FL 32724**

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/21/1963

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

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

Rev. Ralph Luman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-19-99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **STRUBLE, WAYNE D**
STREET ADDRESS **1785 NORTH OAK ST**
CITY-ST-ZIP **DELAND FL**

TITLE **VD** ☐ DELETE
NAME **BARICHVICH, JOHN**
STREET ADDRESS **1208 N MCDONALD AVENUE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **S** ☒ DELETE
NAME **STRUBLE, MARY LOU**
STREET ADDRESS **1785 NORTH OAK ST.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **T** ☐ DELETE
NAME **BURKEY, CHARLES A**
STREET ADDRESS **810 E WISCONSIN AVENUE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **D** ☐ DELETE
NAME **LARSON, LLOYD**
STREET ADDRESS **951 OAKWOOD RD**
CITY-ST-ZIP **ORANGE CITY FL**

TITLE **D** ☐ DELETE
NAME **ALLEBACH, JAMES**
STREET ADDRESS **1060 ALHAMBRA STREET**
CITY-ST-ZIP **DELTONA FL 32725**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I 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, with all other like empowered.

SIGNATURE:

Wayne D. Struble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 **904) 736-5353**
Date Daytime Phone #

CR2E037 (1/198)