

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90051 031 ****70.00

DOCUMENT # 705086

1. Entity Name

FAITH EVANGELICAL LUTHERAN CHURCH OF DELAND INC.



Principal Place of Business

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

Mailing Address

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

44022220



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0914204

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITE, BYRON W SR
1064 TORCHWOOD DR
DELAND FL 32724**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Byron W. White, Sr.**

Byron W. White, Sr.

February 25, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☒ Delete
NAME **LUETH, G. RODNEY**
STREET ADDRESS **727 N AMELIA AVENUE**
CITY-ST-ZIP **DELAND FL 32724**

VB ☒ Delete
NAME **ROGERS, BOB**
STREET ADDRESS **3390 BLACK WILLOW TRAIL**
CITY-ST-ZIP **DELAND FL 32724**

D ☐ Delete
NAME **LUMAN, RALPH REV**
STREET ADDRESS **401 N MCDONALD AVENUE**
CITY-ST-ZIP **DELAND FL 32724**

PD ☐ Delete
NAME **SYLVESTER, CHESTER**
STREET ADDRESS **2131 SWANSON DRIVE**
CITY-ST-ZIP **DELTONA FL 32738**

DS ☐ Delete
NAME **SUTTON, CAROL**
STREET ADDRESS **2692 AUDUBON AVENUE**
CITY-ST-ZIP **DE LEON SPRINGS FL 32130**

D ☒ Delete
NAME **PAJUNEN, JOHN**
STREET ADDRESS **POST OFFICE BOX 2812**
CITY-ST-ZIP **DELAND FL 32721-2812**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T D ☐ Change ☒ Addition
NAME **Stilling, June**
STREET ADDRESS **2510 DeLeon Drive**
CITY-ST-ZIP **DeLand, FL 32724**

D ☐ Change ☒ Addition
NAME **Barichivich, John**
STREET ADDRESS **621 Lantern Lane**
CITY-ST-ZIP **Orange City, FL 32763**

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Change ☒ Addition
NAME **Martinez, Corinne**
STREET ADDRESS **1162 Glen Falls Road**
CITY-ST-ZIP **DeLand, FL 32720**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chester Sylvester **Chester Sylvester**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/04 (386) 574 5257