2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91427 001 ****70.00

0071684

DOCUMENT # 705086

1. Entity Name
FAITH EVANGELICAL LUTHERAN CHURCH OF DELAND INC.

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0914204 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XXX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITE, BYRON W SR 1064 TORCHWOOD DR DELAND FL 32724	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 _____
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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STRUBLE, WAYNE D 1785 NORTH OAK ST DELAND FL 32724	XX Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	☐ Change XX Addition G...Rodney Lueth 727 N. Amelia Avenue DeLand, Florida 32724
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROGERS, BOB 3390 BLACK WILLIOW TRAIL DELAND FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUMAN, RALPH REV 401 N MCDONALD AVENUE DELAND FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SYLVESTER, CHESTER 2131 SWANSON DRIVE DELTONA FL 32738	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARSON, LLOYD 951 OAKWOOD RD ORANGE CITY FL	XX Delete	TITLE D S NAME STREET ADDRESS CITY-ST-ZIP	☐ Change XX Addition Carol Sutton 2692 Audubon Avenue DeLeon Springs, Florida 32130
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAJUNEN, JOHN POST OFFICE BOX 2812 DELAND FL 32721-2812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 4/25/03 (386)574 5257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #