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
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719323 (8)

1. Corporation Name
FAITH LUTHERAN CHURCH, INC., SEBRING, FLORIDA

Principal Place of Business	Mailing Address
2230 NE LAKEVIEW DRIVE SEBRING FL 33870-2300	2230 NE LAKEVIEW DRIVE SEBRING FL 33870-2300

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1970
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1311263 ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

DISLER, MICHAEL
329 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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 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 _____ 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	SD	11 TITLE O	P	☑ Change ☐ Addition
NAME	SIEBERT, JOANN	12 NAME	President of Congreg.	
STREET ADDRESS	4519 PITCHING WEDGE WAY	13 STREET ADDRESS	Schock, Steve	
CITY-ST-ZIP	SEBRING FL	14 CITY-ST-ZIP	2225 Whatley Blvd, Sebring, Fl. 33872	
TITLE	VD	21 TITLE D	V	☒ Change ☐ Addition
NAME	CONNER, HAROLD	22 NAME	Vice President	Title Correct
STREET ADDRESS	9247 BRIDLE PATH	23 STREET ADDRESS	Conner, Harold O.	
CITY-ST-ZIP	SEBRING FL	24 CITY-ST-ZIP	9247 Bridle Path Sebring, Fl. 33872	
TITLE	PD	31 TITLE D	S	☑ Change ☐ Addition
NAME	FICKER, LOWELL	32 NAME	Secretary (of Cong.)	
STREET ADDRESS	3922 WESTMINSTER	33 STREET ADDRESS	Orlowski, Cynthia	
CITY-ST-ZIP	SEBRING FL	34 CITY-ST-ZIP	6508 Granada Blvd. Sebring, Fl. 33872	
TITLE	TD	41 TITLE D	T	☑ Change ☐ Addition
NAME	GECKER, WILLIAM A.	42 NAME	Treasurer	
STREET ADDRESS	133 PRADO CT.	43 STREET ADDRESS	Brown, William	
CITY-ST-ZIP	SEBRING FL	44 CITY-ST-ZIP	4734 Alcantarra Sebring, Fl. 33872	
TITLE		51 TITLE D	D	☒ Change ☑ Addition
NAME		52 NAME	Chrm. Bd. of Elders	
STREET ADDRESS		53 STREET ADDRESS	Smith, Dennis	
CITY-ST-ZIP		54 CITY-ST-ZIP	4900 Calatrava Ave. Sebring, Florida 33872	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: William E. Brown 4/5/95 941-385-7648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060264