2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 30, 2008 8:00 am Secretary of State 05-30-2008 90218 035 ****61.25

4/27/08

863-446-4998

Daytime Phone #

DOCUMENT # 719323 1. Entity Name FAITH LUTHERAN CHURCH, INC., SEBRING, FLORIDA									05-30-20	08 902	18 035 ***	*61.25
Principal Place of Business 2740 LAKEVIEW DRIVE SEBRING, FL 33870-2300				Mailing Address 2740 LAKEVIEW DRIVE SEBRING, FL 33870-2300							HAN AZZI BIAN AZZI	
2. Principal Place of Business - No P.O. Box #			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01082008	Chg-NP	CR	R2E037 (12/06	i)
City & State			City	City & State				4. FEI Numbe 59-131	1263		├ +	Applied For Not Applicable
Zip		Country	Zip		Cou	untry]		of Status Desire		Fee Requ	
	6. Name	and Address of Curre	ent Registere	d Agent		Name		7. Name and	Address of Ne	w Regist	ered Agent	
DISLER, MICHAEL 329 SOUTH COMMERCE AVENUE							Street Address (P.O. Box Number is Not Acceptable)					
SEBRING,	, FL 3387	0										
			.*			City		•			FL Zip C	ode
	named entit	ty submits this statemen dered agent.	it for the purpo	ose of changing its	registere	ed office or re	registere	ed agent, or bot	th, in the State o	f Florida.		th, and accept
SIGNATURE	Signature, typed	d or printed name of registered ag	gent and title if app	icable. (NOTI	E: Registerer	nd Agent signature	na required	when reinstating)			DATE	
Filing Fee is \$61.25 9. Election Campaign Fina Due by May 1, 2008 Trust Fund Contribution												
	_							\$5.00 May 8			check payable Department of	
40	_	May 1, 2008	STATORS		Contributi	ion.	 	Added to Fees	, F	lorida D	Department of	State
10.	Due by A		DIRECTORS	Trust Fund C	Ontributi 11.	ion.	 	Added to Fees		lorida D	Department of ND DIRECTORS	State IN 10
10. TITLE NAME	_	OFFICERS AND	DIRECTORS		Contributi	ion.	 	Added to Fees	, F	lorida D	Department of	State IN 10
TITLE NAME STREET ADDRESS	DP STORLIE 844 BAY	OFFICERS AND LYLE STREET #5	DIRECTORS	Trust Fund C	11. TITLE NAME STREE	E EET ADDRESS	 	Added to Fees	, F	lorida D	Department of ND DIRECTORS	State IN 10
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _