2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 719323

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

Principal Place of Business	Mailing Address
2740 LAKEVIEW DRIVE SEBRING, FL 33870-2300	2740 LAKEVIEW DRIVE SEBRING, FL 33870-2300

01082008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1311263 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DISLER, MICHAEL 329 SOUTH COMMERCE AVENUE SEBRING, FL 33870	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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	DP STORLIE, LYLE 844 BAY STREET #5 SEBRING, FL 338703805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HAVENER, KAYE 1903 E. CLARADGE AVE AVON PARK, FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ELEANORE BROOKS 4112 SMOKE SIGNAL SEBRING, FL 33872	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SCHEER, EDITH E 504 E. CIRCLE ST AVON PARK, FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RICHARD HEBERT 4400 LEWIS AV SEBRING, FL 33875	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DE MEYER, ARTHUR 105 WHATLEY BLVD SEBRING, FL 338723753	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DE ROY ALLEN 935 GALAXY AV SEBRING, FL 33875	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP JOHN STRUCK 1619 PROSPECT ST SEBRING, FL 33870	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LYLE T. STORLIE DP 4/27/08 863-446-4998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #