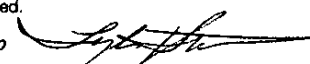


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 2740 LAKEVIEW DRIVE SEBRING, FL 33870-2300			Mailing Address 2740 LAKEVIEW DRIVE SEBRING, FL 33870-2300		
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 DISLER, MICHAEL 329 SOUTH COMMERCE AVENUE SEBRING, FL 33870			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	DS HAVENER, KAYE 1903 E. CLARADGE AVE AVON PARK, FL 33825	☒ Delete			
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	DE MEYER, ARTHUR 105 WHATLEY BLVD SEBRING, FL 338723753	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ELEANORE BROOKS 4112 SMOKE SIGNAL SEBRING, FL 33872	☐ Change ☒ Addition			
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 ROY ALLEN 935 GALAXY AV SEBRING, FL 33875	☐ Change ☒ Addition			
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	☐ 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: <u>LYLE T. STORLIE DP</u>  <u>4/27/08</u> <u>863-446-4998</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					