2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 719323

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

Current Principal Place of Business:

2740 LAKEVIEW DRIVE
SEBRING, FL 338702300

New Principal Place of Business:

Current Mailing Address:

2740 LAKEVIEW DRIVE
SEBRING, FL 338702300

New Mailing Address:

FEI Number: 59-1311263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DISLER, MICHAEL
329 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: STORLIE, LYLE
Address: 844 BAY STREET #5
City-St-Zip: SEBRING, FL 338703805

Title: PS ( ) Delete
Name: BROOKS, ELEANORE
Address: 4112 SMOKE SIGNAL
City-St-Zip: SEBRING, FL 33872

Title: DT ( ) Delete
Name: HEBERT, RICHARD
Address: 4400 LEWIS AV
City-St-Zip: SEBRING, FL 33875

Title: DE ( ) Delete
Name: ALLEN, ROY
Address: 935 GALAXY AVE
City-St-Zip: SEBRING, FL 33875

Title: DV ( ) Delete
Name: STRUCK, JOHN
Address: 1619 PROSPECT ST
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GUSKE, DAVID
Address: 3038 OAK HILL
City-St-Zip: AVON PARK, FL 33825

Title: DS (X) Change ( ) Addition
Name: BROOKS, ELEANORE
Address: 4112 SMOKE SIGNAL
City-St-Zip: SEBRING, FL 33872

Title: DT (X) Change ( ) Addition
Name: STORLIE, LYLE T
Address: 844 BAY STREET #5
City-St-Zip: SEBRING, FL 33870

Title: D (X) Change ( ) Addition
Name: ALLEN, ROY
Address: 935 GALAXY AVE
City-St-Zip: SEBRING, FL 33875

Title: DVP (X) Change ( ) Addition
Name: STRUCK, JOHN
Address: 1619 PROSPECT ST
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYLE T STORLIE DT 04/30/2009

Electronic Signature of Signing Officer or Director — Date