

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732693 (7)
1. Corporation Name
FAITH LUTHERAN CHURCH OF ROTONDA WEST, FLORIDA, INC.



Principal Place of Business: **ROTONDA BLVD WEST, ROTONDA WEST FL 33947**
Mailing Address: **ROTONDA BLVD WEST, ROTONDA WEST FL 33947**

3. Date Incorporated or Qualified: **05/07/1975**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		58-1461378		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KELLY, CARL F.
551 ROTONDA BLVD WEST
ROTONDA WEST FL 33947**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, CARL F	1.2 NAME	SEE ATTACHED SHEET
STREET ADDRESS	83 BUNCKER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL 33947	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBOLD, LOIS	2.2 NAME	LIEBOLD, LOIS
STREET ADDRESS	3070 BAY OAKS DR	2.3 STREET ADDRESS	3070 BAY OAKS DR.
CITY-ST-ZIP	ENGLEWOOD FL	2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, GARY L.	3.2 NAME	WILKINS, GARY L.
STREET ADDRESS	18501 MURDOCK CIRCLE, SIXTH FLOOR	3.3 STREET ADDRESS	18501 MURDOCK CIRCLE, SIXTH FLOOR
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KADLEN, SANDY	4.2 NAME	800001730238
STREET ADDRESS	796 HARVEY ST	4.3 STREET ADDRESS	-03/04/96--01030--025
CITY-ST-ZIP	ENGLEWOOD FL	4.4 CITY-ST-ZIP	***61.25
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KECK, ROGER	5.2 NAME	SEMENTUH, SHIRLEY
STREET ADDRESS	47 CADDY ROAD	5.3 STREET ADDRESS	2033 PENNSYLVANIA AVE.
CITY-ST-ZIP	ROTONDA WEST FL	5.4 CITY-ST-ZIP	GROVE CITY, FL 34224
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KADLEN, NICK	6.2 NAME	P/C/D
STREET ADDRESS	796 HARVEY ST	6.3 STREET ADDRESS	KADLEN, NICK
CITY-ST-ZIP	ENGLEWOOD FL	6.4 CITY-ST-ZIP	796 HARVEY ST. ENGLEWOOD, FL 34223

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)(k), 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: *Gary L. Wilkins* **Gary L. Wilkins, Secretary/Director 2-21-96 (941)625-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	<u>CHANGE</u>	<u>ADDITION</u>
D BENNETT, LINDA 264 ROTONDA CIRCLE ROTONDA WEST, FL 33947		X
D DOTSON, MATT 30 BUNKER COURT ROTONDA WEST, FL 33947		X
D HOOPS, CYNDY 9332 SAN BERNADINO ENGLEWOOD, FL 34224		X
D MAGEE, ROBERT 1427 SEAGULL DRIVE ENGLEWOOD, FL 34224		X
D MATZ, JOHN 100 SPYGLASS ALLEY CAPE HAZE, FL 33946		X
D SONNENBERG, LOU 10 SPORTSMAN ROAD ROTONDA WEST, FL 33947		X
D WARNER, MERRILEE 125 BUNKER ROAD ROTONDA WEST, FL 33947		X