

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732693 (7)**  
1. Corporation Name  
**FAITH LUTHERAN CHURCH OF ROTONDA WEST, FLORIDA, INC.**



Principal Place of Business <b>ROTONDA BLVD WEST ROTONDA WEST FL 33947</b>	Mailing Address <b>ROTONDA BLVD WEST ROTONDA WEST FL 33947</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/07/1975</b>		3a. Date of Last Report <b>03/01/1996</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26 Suite, Apt. #, etc.	27 City & State	28 Zip
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KELLY, CARL F. 551 ROTONDA BLVD WEST ROTONDA/WEST FL 33947</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, LINDA</b>	1.2 NAME	
STREET ADDRESS	<b>264 ROTONDA CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROTONDA WEST FL 33947</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBOLD, LOIS</b>	2.2 NAME	
STREET ADDRESS	<b>3070 BAY OAKS DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKINS, GARY L</b>	3.2 NAME	
STREET ADDRESS	<b>18501 MURDOCK CIRCLE, SIXTH FLOOR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KADLEN, SANDY</b>	4.2 NAME	
STREET ADDRESS	<b>796 HARVEY ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEMENTUH, SHIRLEY</b>	5.2 NAME	
STREET ADDRESS	<b>2033 PENNSYLVANIA AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GROVE CITY FL 34224</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PCD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KADLEN, NICK</b>	6.2 NAME	
STREET ADDRESS	<b>796 HARVEY ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34223</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1/29/97** DAYTIME PHONE: **941-625-0700**

CFR2E037 (9/96)