


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT '1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 ROTONDA BLVD WEST ROTONDA WEST FL 33947	Mailing Address ROTONDA BLVD WEST ROTONDA WEST FL 33947
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3. Date Incorporated or Qualified
05/07/1975

4. FEI Number
58-1461378

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, LINDA	
STREET ADDRESS	284 ROTONDA CIRCLE	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LIEBOLD, LOIS	
STREET ADDRESS	3070 BAY OAKS DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILKINS, GARY L	
STREET ADDRESS	18501 MURDOCK CIRCLE, SIXTH FLOOR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KADLEN, SANDY	
STREET ADDRESS	796 HARVEY ST	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEMENTUH, SHIRLEY	
STREET ADDRESS	2033 PENNSYLVANIA AVE.	
CITY-ST-ZIP	GROVE CITY FL 34224	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	KADLEN, NICK	
STREET ADDRESS	796 HARVEY ST	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEE NUGENT	
2.3 STREET ADDRESS	1740 NEW POINT COMFORT ROAD.	
2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARGE BRAUN	
3.3 STREET ADDRESS	1020 DRURY LANE	
3.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN MATZ	
4.3 STREET ADDRESS	100 SPYGLASS ALLEY	
4.4 CITY-ST-ZIP	CAPE HAZE, FL 33946	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CYNDY HARRIS	
5.3 STREET ADDRESS	9332 SAN BERNARDINO	
5.4 CITY-ST-ZIP	ENGLEWOOD, FL 34224	
6.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 on an attachment with an address.

SIGNATURE: *[Signature]* **2-15-98 (94) 474-6170**

CR2E037 (10/97)

FAITH LUTHERAN CHURCH OR ROTONDA WEST FL.
FBI NUMBER 58-1461378

PAGE 2

TITLE D

NAME CYNDY HOOPS

STREET ADDRESS 9332 SAN BERNADINO

CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE D

NAME BILL PAYNE

STREET ADDRESS 6800 PLACIDA ROAD. UNIT 1019

CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE D

NAME CLEM SEMENTUH

STREET ADDRESS 2033 PENNSYLVANIA AVE

CITY-ST-ZIP GROVE CITY, FL 34224

TITLE D

NAME MERRILEE WARNER

STREET ADDRESS 125 BUNKER ROAD

CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE T

NAME SHARON BEAN

STREET ADDRESS 7104 CASTILLA STREET

CITY-ST-ZIP PORT CHARLOTTE, FL 33981