


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90023 007 ****61.25

DOCUMENT # 732693					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECK, LEROY C 551 ROTONDA BLVD W ROTONDA/WEST, FL 33947				Name <u>LARGE PATRICIA</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 <u>Patricia Large</u> <u>PATRICIA LARGE PASTOR</u> <u>1/7/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHATTAUER, NEAL			NAME	<u>MARCIE EIFERT</u>
STREET ADDRESS	2064 MISSISSIPPI AVE			STREET ADDRESS	<u>69 OAKLAND HILLS CT.</u>
CITY-ST-ZIP	ENGLEWOOD, FL 34224			CITY-ST-ZIP	<u>ROTONDA WEST FL 33947</u>
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ART, LEADMAN			NAME	
STREET ADDRESS	572 BOUNDARY BLVD.			STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST, FL 33947			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORSCH, LINDA			NAME	
STREET ADDRESS	179 MARINER LN			STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST, FL 33947			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BRUCE			NAME	
STREET ADDRESS	26 SPORTSMAN PL			STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST, FL 33947			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUSTON, GLEN			NAME	
STREET ADDRESS	4634 ARLINGTON DR			STREET ADDRESS	
CITY-ST-ZIP	CAPE HAZE, FL 33946			CITY-ST-ZIP	
TITLE	DFS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON, VIVIAN			NAME	
STREET ADDRESS	85 GADDY RD			STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST, FL 33947			CITY-ST-ZIP	
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>Bruce J. Miller</u> <u>BRUCE J. MILLER</u>				Date <u>1/7/06</u> Daytime Phone # <u>941.697.4086</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

60000424



01072006 Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**Filing Fee is \$61.25
Due by May 1, 2006**

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

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CITY-ST-ZIP	ROTONDA WEST, FL 33947	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>MARCIE EIFERT</u>
STREET ADDRESS	<u>69 OAKLAND HILLS CT.</u>
CITY-ST-ZIP	<u>ROTONDA WEST FL 33947</u>
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SIGNATURE: Bruce J. Miller BRUCE J. MILLER Date 1/7/06 Daytime Phone # 941.697.4086