


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 732693
1. Entity Name
**FAITH LUTHERAN CHURCH OF ROTONDAWEST,
FLORIDA, INC.**



Principal Place of Business
**ROTONDA BLVD WEST
ROTONDA WEST, FL 33947**

Mailing Address
**ROTONDA BLVD WEST
ROTONDA WEST, FL 33947**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent
**LARGE, PATRICIA
551 ROTONDA BLVD W
ROTONDAWEST, FL 33947**

**DO NOT WRITE
IN THIS SPACE**

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 REV. PATRICIA LARGE PASTOR Rev. Patricia Large 1-9-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHATTAUER, NEAL 2064 MISSISSIPPI AVE ENGLEWOOD, FL 34224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIFERT, MARCIE 69 OAKLAND HILLS CT ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSCH, LINDA 179 MARINER LN ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, BRUCE 26 SPORTSMAN PL ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUSTON, GLEN 4634 ARLINGTON DR CAPE HAZE, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFS SHELDON, VIVIAN 85 GADDY RD ROTONDA WEST, FL 33947

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01/17/07-80001-024 61.25

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 817, 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: Bruce D. Miller BRUCE D. MILLER 1-5-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #