


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90022 024 ****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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
LARGE, PATRICIA 551 ROTONDA BLVD W ROTONDA/WEST, FL 33947			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____							
Filing Fee is \$61.25 Due by May 1, 2008		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	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	SCHATTAUER, NEAL	NAME	James Hughes III				
STREET ADDRESS	2064 MISSISSIPPI AVE	STREET ADDRESS	7208 Brookhaven Terrace				
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP	Englewood, FL 34224				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	EIFERT, MARCIE	NAME	William Speth				
STREET ADDRESS	69 OAKLAND HILLS CT	STREET ADDRESS	64 Sportsman Court				
CITY-ST-ZIP	ROTONDA WEST, FL 33947	CITY-ST-ZIP	Rotonda West, FL 33947				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	DORSCH, LINDA	NAME	Sam D'Amico				
STREET ADDRESS	179 MARINER LN	STREET ADDRESS	7432 Brookhaven Terrace				
CITY-ST-ZIP	ROTONDA WEST, FL 33947	CITY-ST-ZIP	Englewood, FL 34224				
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	MILLER, BRUCE	NAME	Charles Bohn				
STREET ADDRESS	26 SPORTSMAN PL	STREET ADDRESS	880 Boundary Blvd.				
CITY-ST-ZIP	ROTONDA WEST, FL 33947	CITY-ST-ZIP	Rotonda West, FL 33947				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	MAUSTON, GLEN	NAME	Noma Hickok				
STREET ADDRESS	4634 ARLINGTON DR	STREET ADDRESS	92 Annapolis Lane				
CITY-ST-ZIP	CAPE HAZE, FL 33946	CITY-ST-ZIP	Rotonda West, FL 33947				
TITLE	DFS <input type="checkbox"/> Delete	TITLE					
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>Vivian Sheldon</u>		Vivian Sheldon		01.28.2008 (941) 698-9878			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			