

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 24 PM 2:30

DOCUMENT # 747004 (0)

1. Corporation Name
**LIVING FAITH, A CHURCH OF THE LUTHERAN BRETHREN
INCORPORATED**

Principal Place of Business Mailing Address
939 SW 7TH CT 939 SW 7TH CT
CAPE CORAL FL 33991-2422 CAPE CORAL FL 33991-2422

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/01/1979 3a. Date of Last Report 04/15/1994
4. FEI Number 59-2406713 Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SALVESEN, MARTIN
3310 SE 1ST AVE.
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE T
NAME SEMS, RUDOLF
STREET ADDRESS 5036 SW 10 AVE.
CITY- ST- ZIP CAPE CORAL, FL 00000
TITLE P
NAME SOHOLT, MARK
STREET ADDRESS 3305 SE 1ST AVE
CITY- ST- ZIP CAPE CORAL FL
TITLE D
NAME PURVIS, ERIC
STREET ADDRESS 1208 S.E. 22ND STREET
CITY- ST- ZIP CAPE CORAL, FL 00000
TITLE D
NAME TEETER, JAMES
STREET ADDRESS 1033 SE 19 AVE
CITY- ST- ZIP CAPE CORAL, FL 00000
TITLE D
NAME LEASE, JERRY
STREET ADDRESS 3605 SW-8 AVE
CITY- ST- ZIP CAPE CORAL FL
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE TRUSTEE Change Addition
1.2 NAME GARY DUGAN
1.3 STREET ADDRESS 1407 NE 21 PL.
1.4 CITY- ST- ZIP CAPE CORAL FL 33909
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rudolf Sems* 3-20-95 542-0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year)