

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **747004** (0)

1. Corporation Name

LIVING FAITH, A CHURCH OF THE LUTHERAN BRETHREN INCORPORATED



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

3. Date Incorporated or Qualified: 05/01/1979
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business (21) Suite, Apt. #, etc.
2a. Mailing Address (26) Suite, Apt. #, etc.

4. FEI Number: 59-2406713
Applied For: Not Applicable

22. City & State
27. City & State

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

23. Zip (24) Country (25)
28. Zip (29) Country (30)

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALVESEN, MARTIN
3310 SE 1ST AVE.
CAPE CORAL FL 33904

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 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | T SEMS, RUDOLF <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEMS, RUDOLF | 1.2 NAME | |
| STREET ADDRESS | 5036 SW 10 AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | P SOHOLT, MARK <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOHOLT, MARK | 2.2 NAME | |
| STREET ADDRESS | 3305 SE 1ST AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 2.4 CITY-ST-ZIP | |
| TITLE | D PURVIS, ERIC <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PURVIS, ERIC | 3.2 NAME | |
| STREET ADDRESS | 1208 S.E. 22ND STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | D TEETER, JAMES <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TEETER, JAMES | 4.2 NAME | |
| STREET ADDRESS | 1033 SE 19 AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | T DUGAN, GARY <input type="checkbox"/> DELETE | 5.1 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUGAN, GARY | 5.2 NAME | |
| STREET ADDRESS | 1407 NE 21 PL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 5.4 CITY-ST-ZIP | |
| TITLE | D McDONOUGH, TOM <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | McDONOUGH, TOM | 6.2 NAME | |
| STREET ADDRESS | 302B SW 23 PL | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL 33991 | 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 617, 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 Date: 3-2-94 Daytime Phone #: 941-542-0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)