


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747004 (0)

1. Corporation Name
LIVING FAITH, A CHURCH OF THE LUTHERAN BRETHERN 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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/01/1979	3a. Date of Last Report 03/14/1996
21	22	23	24	4. FEI Number 59-2406713	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR			
NAME	T SEMS, RUDOLF	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	HODGES, CLIFF			
STREET ADDRESS	5036 SW 10 AVE.	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	911 SE 19 STR			
CITY-ST-ZIP	CAPE CORAL, FL 00000	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CAPE CORAL FL 33990			
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	P SOHOLT, MARK	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	3305 SE 1ST AVE	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	D PURVIS, ERIC	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	1208 S.E. 22ND STREET	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP	CAPE CORAL, FL 00000	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	D MCDONOUGH, TOM	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	3028 SW 23RD PL	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	D DUGAN, GARY	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS	1407 NE 21 PL	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)