

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

FILED

**Aug 11 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 BRETHREN INCORPORATED

Principal Place of Business 639 SW 7TH CT CAPE CORAL FL 33991-2422	Mailing Address 639 SW 7TH CT CAPE CORAL FL 33991-2422
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DO NOT WRITE IN THIS SPACE

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. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-2406713	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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
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

TITILE	T	<input type="checkbox"/> DELETE
NAME	SEMS, RUDOLF	
STREET ADDRESS	5036 SW 10 AVE.	
CITY-ST-ZIP	CAPE CORAL, FL 00000 33914	
TITILE	P	<input type="checkbox"/> DELETE
NAME	SOHOLT, MARK	
STREET ADDRESS	3305 SE 1ST AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITILE	D	<input checked="" type="checkbox"/> DELETE
NAME	PURMS, ERIC	
STREET ADDRESS	1208 S.E. 22ND STREET	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITILE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDONOUGH, TOM	
STREET ADDRESS	3028 SW 23RD PL	
CITY-ST-ZIP	CAPE CORAL FL	
TITILE	D	<input type="checkbox"/> DELETE
NAME	DUGAN, GARY Gary	
STREET ADDRESS	1407 NE 21 PL	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITILE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cliff Hedges
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cliff Hedges
3.3 STREET ADDRESS	911 SE 19th Street
3.4 CITY-ST-ZIP	Cape Coral, FL 33990
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	Diane Tector
4.4 CITY-ST-ZIP	1033 SE 19 Ave Cape Coral, FL 33990
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE _____

CR2E037 (4/97)