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Feb 24, 1999 8:00 am  
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02-24-1999 90009 021 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

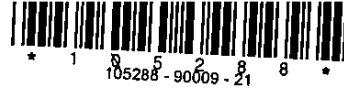
DOCUMENT # 747004

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
05/01/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2406713

Applied For  
Not Applicable

23 City & State

27 City & State

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

24 Zip Country

28 Zip Country

6. Election Campaign Financing  \$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T  
NAME SEMS, RUDOLF  
STREET ADDRESS 5036 SW 10 AVE.  
CITY-ST-ZIP CAPE CORAL FL 33914

1.1 TITLE FINANCIAL SECRETARY  Change  Addition  
1.2 NAME SEMS, RUDOLF  
1.3 STREET ADDRESS 5036 SW 10TH AVENUE  
1.4 CITY-ST-ZIP CAPE CORAL, FL 33914

P  
NAME SOHOLT, MARK  
STREET ADDRESS 3305 SE 1ST AVE  
CITY-ST-ZIP CAPE CORAL FL 33904

2.1 TITLE ~~T. B. GARRIS~~  Change  Addition  
2.2 NAME MCATEE, BRETT  
2.3 STREET ADDRESS 813 SW 6TH AVENUE  
2.4 CITY-ST-ZIP CAPE CORAL, FL 33991

S  
NAME TEETER, DIANE  
STREET ADDRESS 1033 SE 19 AVE  
CITY-ST-ZIP CAPE CORAL FL 33990

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

D  
NAME HODGES, CLIFF  DELETE  
STREET ADDRESS 911 SE 19 ST.  
CITY-ST-ZIP CAPE CORAL FL 33990

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

D  
NAME DUGAN, GARRY  DELETE  
STREET ADDRESS 1407 NE 21 PL  
CITY-ST-ZIP CAPE CORAL FL 33909

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

B. STON...  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

941-574-3949  
Daytime Phone #

CR2E037 (11/98)