## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## **FILED** DOCUMENT # **747004** Apr 14, 2000 8:00 am Secretary of State 1. Entity Name LIVING FAITH, A CHURCH OF THE LUTHERAN BRETHREN 04-14-2000 90010 022 \*\*\*\*61.25 Principal Place of Business Mailing Address 939 SW 7TH CT 939 SW 7TH CT CAPE CORAL FL 33991-2422 CAPE CORAL FL 33991-2422 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2406713 Not Applicable Zip Zip-Country **\$8.75** Additional $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SALVESEN, MARTIN 3310 SE 1ST AVE. CAPE CORAL FL 33904 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida **SIGNATURE** (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. WISCOMPIEMAD D. □ Change Addition ☐ Delete TITLE SEMS, RUDOLPH NAME JAMES TEETER NAMÉ 1033 SE ATA AVE. STREET ADDRESS 5036 SW 10 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAOK GOEST FL 33990 CAPE CORAL FL 33914 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME SOHOLT, MARK STREET ADDRESS STREET ADDRESS 3305 SE 1ST AVE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME TEETER, DIANE STREET ADDRESS STREET ADDRESS 1033 SE 19 AVE CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Change ☐ Addition TITLE TITLE Delete MCATEE, BRETT NAME NAME STREET ADDRESS STREET ADDRESS 813 SW 6TH AVE. CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Change Addition TITLE ☐ Delete TITLE Dugan, Garry NAME NAME STREET ADDRESS STREET ADDRESS 1407 NE 21 PL CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if