

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90062 016 ****61.25

DOCUMENT # 747004

1. Entity Name

**LIVING FAITH, A CHURCH OF THE LUTHERAN BRETHREN
 INCORPORATED**

Principal Place of Business

Mailing Address

939 SW 7TH CT
 CAPE CORAL FL 33991-2422

939 SW 7TH CT
 CAPE CORAL FL 33991-2422

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALVESEN, MARTIN
 118 MAÇOMA COURT
 FORT MYERS FL 33908**

Name

BRETT MCATEE

Street Address (P.O. Box Number is Not Acceptable)

813 SW 6TH AVENUE

City

CAPE CORAL

FL

Zip Code

33991

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

Brett McAtee

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

(NOTE: Registered Agent signature required when reinstating)

JANUARY 7, 2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	T	SEMS, RUDOLPH	5036 SW 10 AVE. CAPE CORAL FL 33914	<input type="checkbox"/>
	P	SOHOLT, MARK	3305 SE 1ST AVE CAPE CORAL FL 33904	<input type="checkbox"/>
	S	TEETER, DIANE	1033 SE 19 AVE CAPE CORAL FL 33990	<input type="checkbox"/>
	T	MCATEE, BRETT	813 SW 6TH AVE. CAPE CORAL FL 33991	<input type="checkbox"/>
	D	DUGAN, GARRY	1407 NE 21 PL CAPE CORAL FL 33909	<input type="checkbox"/>
	D	TEETER, JAMES	1033 SE ATA AVE CAPE CORAL FL 33990	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

Brett McAtee
BRETT MCATEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

941-549-2140

Daytime Phone #

CR2E037 (9/01)