

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90024 014 ****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 939 SW 7TH CT
 CAPE CORAL FL 33991-2422 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



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCATEE, BRETT
813 SW 6TH AVE.
CAPE CORAL FL 33991

7. Name and Address of New Registered Agent
 Name **STAHL, LAVERNE**
 Street Address (P.O. Box Number is Not Acceptable)
4325 S.E. 1ST AVENUE
 City **CAPE CORAL** FL Zip Code **33904**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *[Signature]* **STAHL, LAVERNE** **TREASURER** DATE **2/18/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHORT, ALBERTA	
STREET ADDRESS	10920 INDIGO COURT	
CITY-ST-ZIP	FT. MYERS, FL 33903	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAHL, LAVERNE	
STREET ADDRESS	4325 S.E. 1ST AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *[Signature]* **STAHL, LAVERNE** **TREASURER** DATE **2/18/04** DAYTIME PHONE # **239-542-2359**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR