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

DOCUMENT # 747004



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

LIVING EA	1. Entity Name			Secretary (
BRETHRE	AITH, A CHURCH OF THE L N INCORPORATED	UTHERAN		02-26-2004 90024 0	14 ****61.25		
Principal Place of Business		Mailing Address					
939 SW 7TH CT CAPE CORAL FL 33991-2422		939 SW 7TH CT CAPE CORAL FL 33991-2422					
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORÉ CR2E03	37 (11/03)		
City & State		City & State		4. FEI Number NO-T APPLICABLE	Applie Not A	ed For pplicable	
Zíp	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addition Fee Required	nai	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered			
			Name	Name STANC, LAVERNE			
MCATEE, BRETT 813 SW 6TH AVE.			Street A	Street Address (P.O. Box Number is Not Acceptable)			
CAPE CORAL FL 33991		4325		5 S.E. IST AVENUE			
·			City	City CAPE CORAL FL Zip Code 33904			
		or the purpose of changing its	registered office or	egistered agent, or both, in the State of Florida. I am	familiar with, and	daccept	
the obligat	ions of registered agent.	//	LAVERNE	-//	1		
SIGNATURE -	MATTER JUNA	// TREASI) R E R	2/18/04	<u> </u>	<u>.</u>	
SIGNATURE -	Signature. When or printed name of registered agen			required when reinstating) DATE			
Tagas ta day commission	Signature, lybed or printed name of registered agen FILE NOW: FEE IS \$61.25 Due By May 1, 2004	t and title if applicable. (NOTE	: Registered Agent signat	required when reinstating) \$5.00 May Be Make Chec	k Payable to	ite .	
Tagas ta day commission	FILE NOW: FEE IS \$61.25	t and title if applicable. (NOTE 9. Election Carr Trust Fund C	: Registered Agent signat	required when reinstating) \$5.00 May Be Make Chec	k Payable to rtment of Sta	te	
	FILE:NOW:: FEE IS: \$61.25 Due: By May 1; 2004 OFFICERS AND DIS	t and title if applicable. (NOTE 9. Election Carr Trust Fund C	: Registered Agent signat npaign Financing ontribution.	\$5.00 May Be Added to Fees Florida Depa ADDITIONS/CHANGES TO OFFICERS AND C	k Payable to rtment of Sta	te	
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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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-542-2359 Daytime Phone #