

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# 747004

Entity Name: LIVING FAITH, A CHURCH OF THE LUTHERAN BRETHERN INCORPORATED

Current Principal Place of Business:

939 SW 7TH CT
CAPE CORAL, FL 339912422

New Principal Place of Business:

Current Mailing Address:

939 SW 7TH CT
CAPE CORAL, FL 339912422

New Mailing Address:

FEI Number: 59-2406713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THURMER, PATRICK A
925 SW 6TH AVE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KAWA, JANEEN
Address: 1409 SW 29TH ST
City-St-Zip: CAPE CORAL, FL 33914

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Delete
Name: SOHOLT, MARK
Address: 3305 SE 1ST AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: TURNER, TERRANCE M
Address: 1212 NW 12 PL
City-St-Zip: CAPE CORAL, FL 33993

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: DUGAN, GARRY
Address: 2236 NW 1 PL
City-St-Zip: CAPE CORAL, FL 33993

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: TEETER, JAMES
Address: 1033 SE 19 AVE
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: THURMER, PATRICK A
Address: 925 SW 6 AV
City-St-Zip: CAPE CORAL, FL 33991

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARI P TURNER MRS. 02/11/2009
Electronic Signature of Signing Officer or Director Date