

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90166 012 ****61.25

DOCUMENT # **747004**

1. Entity Name

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



Principal Place of Business

**939 SW 7TH CT
CAPE CORAL FL 33991-2422**

Mailing Address

**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

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MATER, BRETT
813 SW 67 A AVENUE
CAPE CORAL FL 33991**

Name

MCATEE, BRETT

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

813 SW 67TH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brett McAtee

BRETT MCATEE

1/25/03

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

(NOTE: Registered Agent signature required when reinstating)

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE **T** Delete
NAME **SEMS, RUDOLPH**
STREET ADDRESS **5036 SW 10 AVE.**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITILE **S** Change Addition
NAME **TERESA DUGAN**
STREET ADDRESS **1407 NE 21 PL**
CITY-ST-ZIP **CAPE CORAL, FL 33909**

TITILE **P** Delete
NAME **SOHOLT, MARK**
STREET ADDRESS **3305 SE 1ST AVE**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITILE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE **S** Delete
NAME **TEETER, DIANE**
STREET ADDRESS **1033 SE 19 AVE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITILE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE **T** Delete
NAME **MCATEE, BRETT**
STREET ADDRESS **813 SW 6TH AVE.**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITILE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE **D** Delete
NAME **DUGAN, GARRY**
STREET ADDRESS **1407 NE 21 PL**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITILE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE **D** Delete
NAME **TEETER, JAMES**
STREET ADDRESS **1033 SE ATA AVE**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITILE Change 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:

Brett McAtee **BRETT MCATEE**

1/25/03

239-822-7301

CR2E037 (10/02)