

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711416** (8)

1. Corporation Name

**FAITH LUTHERAN CHURCH, INC.**

Principal Place of Business

Mailing Address

% STEPHEN P WINEMILLER  
7750 BENEVA RD  
SARASOTA FL 34238

% STEPHEN P WINEMILLER  
7750 BENEVA RD  
SARASOTA FL 34238

3. Date Incorporated or Qualified

**08/30/1966**

4. FEI Number

**59-1170441**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINMILLER, STEPHEN P  
7750 BENEVA RD  
SARASOTA FL 33583

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RICE, CONSTANCE	
STREET ADDRESS	3941 CHAUCER LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RODI, TED	
STREET ADDRESS	6222 RODGERS AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KAYSER, BETTY	
STREET ADDRESS	7294 CLOISTER DRIVE #11	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DENNIS, WALTER	
STREET ADDRESS	8617 FENWAY DR. 3415 RIVERBLUFF	
CITY-ST-ZIP	SARASOTA FL 34231 PKWY	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, JOHN	
STREET ADDRESS	1433 MAPLE STREET	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	SPD	<input type="checkbox"/> DELETE
NAME	WINEMILLER, STEPHEN P	
STREET ADDRESS	704 N. PORTIA STREET	
CITY-ST-ZIP	NOKOMIS FL 34275	

11 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Jere Stiglitz	
13 STREET ADDRESS	6953 Antigua Place	
14 CITY-ST-ZIP	Sarasota, FL 34231	
21 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	John Ryan	
23 STREET ADDRESS	1433 Maple Street	
24 CITY-ST-ZIP	Nokomis, FL 34275	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Richard Harris	
53 STREET ADDRESS	2419 Bispham Road	
54 CITY-ST-ZIP	Sarasota, FL 34231	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Stephen P. Winemiller*

1-28-98

CR2E037 (10/97)