FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90076 013 ****61.25

DOCUMENT # 711416

Corporation, Name,

FAITH LUTHERAN CHURCH, INC.

Principal Place of Busines

% STEPHEN P WINEMILLER 7750 BENEVA RD SARASOTA FL 34238

2 Dringinal Place of Business

Mailing Address

22 Mailing Address

% STEPHEN P WINEMILLER 7750 BENEVA RD SARASOTA FL 34238

|--|--|--|--|--|--|--|--|--|--|--|

3 Date Incorporated or Qualifed

21	26. Walling Address								08/30/1966						
	Apt. #, etc. Suite, Apt. #, etc.								4. FEI Number			Applied F			
22	27								59-1170441			+	Applicable		
City & State City & State									5 0 15 1 5		\$8.	75 Ad	ditiona "		
23 28									5. Certificate of Status Desired	<u> </u>	Fe	e Req	uired :		
Zip	Country Zip								6. Election Campaign Financing		\$5.00 May Be				
24	25 29 30								Trust Fund Contribution		Ad	ded to	Fees		
Name and Address of Current Registered Agent						81			10. Name and Address of New Registered Agent						
							Nar W		NEMILLER, STEPHEN P						
WEINMILLER, STEPHEN P						82	_		t Address (P.O. Box Number is Not Acceptable)						
7750 BENEVA RD															
SARASOT	A FL 33583				1	83									
	` <u>,</u> •	- •		,		84	City				85	Zip Co	ode		
	to a great of the second of th							٠.	<u> </u>	FL	11				
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															
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 CORRECT SPELLING PLEASE Signature, typed or printed name of registered egent and titls if applicable. (NOTE: Registered Agent signature required when reinstating) DATE															
12.	Signature, typed o	or printed name of registered ager OFFICERS AN				3.	signati	re required	d when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRE	CTOR	S IN		
TITLE	s	OFFICERS AN	D DIRE	₩ DELETE	-	1 TITLE		S	ABBITION GICHANGED TO OFFICE		Cha		K) Assisted		
NAME	STIGLITZ,	IEDE				2 NAME		-	DESK, MARILYN		_	-	_		
STREET ADDRESS						3 STREET	ADDO:	1 20	944 CAPTIVA DR						
CITY-ST-ZIP	6953 antigua Pl Sarasota Fl 34231								ARASOTA FL. 34231						
TITLE	P	112 04201		- 💆 DELETE	_	4 CRY+SI 1 TITLE	· Zir	P	7. 01001		☐ Cha	ange	X Audition		
NAME	RYAN, JOI	-IN				2 NAME		HA	ARRIS, RICHARD						
STREET ADDRESS	1433 MAP				2	3 STREET	ADDRE	بما	19 BISPHAM RD						
CITY-ST-ZIP	NOKOMIS					4 CITY-S			ARASOTA FL 34231						
TITLE	TD		-	☐ DELETE		1 TITLE				•	Ch	ange	☐ Azzitor		
NAME	KAYSER, E	BETTY			3.	2 NAME									
STREET ADDRESS						3.3 STREET ADDRESS									
CITY-ST-ZIP	1	A FL 34231			3.	4. CITY-S	T-ZIP		·						
TITLE	SD DELETE					4.1 TITLE . [ange	_ Azzicc		
NAME	DENNIS, WALTER				4.	2 NAME				•					
STREET ADDRESS	f '	r bluff pkwy			4.	3 STREET	ADDRE	ss							
CITY-ST-ZIP	SARASOTA	A FL 34231			4.	4 CITY-S	· ZIP								
TITLE	VP	18 32 55		X DELETE	. 5.	1 TITLE		VP			□Ch	arge -	K) Amston		
NAME ·	HARRIS, R		`	in the state of	5.3	2 NAME			LFAST, CHARLES						
STREET ADDRESS	2419 BISP	HAM RD			1 .	3 STREET			07 CYPRESS HOLLOW DR		٠.				
CITY-ST-ZIP		A FL 34231		<u> </u>		4 CfTY-S1	ZIP ·	SA	RASOTA FL 34238	<u></u>	-	· 			
TITLE	SPD			☐ DELETE		1 TITLE				•	☐ Ch	arge	☐ Acciator		
NAME		er, stephen p				2 NAME									
STREET ADDRESS	l	rtia street				3 STREET		:SS							
CITY-ST-ZIP	NOKOMIS					4 CITY-S			Section 119 07(3)(i) Florida Statutes fu						
IA. I berehvir	centity that the	intormation supplied wi	ın inis f	maa dage aat amalify fa	r the c	evemeti	nn ets	men in S	secuon 119 0713)ou Florida Statutes I fu	LIDAY CARL	เขาเกล่า	- 164 IF.7	DIBERCE		

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 informatic 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 a officer or director of the corporation of 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 with all other like empowered.

SIGNATURE:

GNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR BIRECTOR

2/8/99

(941) 924-4664