


FILE NOW: FILING FEE IS \$61.25

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

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

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 711416</b>					
1. Corporation Name <b>FAITH LUTHERAN CHURCH, INC.</b>					
Principal Place of Business <b>% STEPHEN P WINEMILLER 7750 BENEVA RD SARASOTA FL 34238</b>			Mailing Address <b>% STEPHEN P WINEMILLER 7750 BENEVA RD SARASOTA FL 34238</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/30/1966	
22 City & State		27 City & State		4. FEI Number 59-1170441	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>WEINMILLER, STEPHEN P 7750 BENEVA RD SARASOTA FL 33583</b>			10. Name and Address of New Registered Agent		
			81 Name <b>WINEMILLER, STEPHEN P</b>		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			<b>FL</b>		
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 <b>CORRECT SPELLING PLEASE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					
1.1 TITLE <b>S</b>			1.1 TITLE <b>S</b>		
1.2 NAME <b>STIGLITZ, JERE</b>			1.2 NAME <b>RADESK, MARILYN</b>		
1.3 STREET ADDRESS <b>6953 ANTIGUA PL</b>			1.3 STREET ADDRESS <b>2944 CAPTIVA DR</b>		
1.4 CITY-ST-ZIP <b>SARASOTA FL 34231</b>			1.4 CITY-ST-ZIP <b>SARASOTA FL 34231</b>		
2.1 TITLE <b>P</b>			2.1 TITLE <b>P</b>		
2.2 NAME <b>RYAN, JOHN</b>			2.2 NAME <b>HARRIS, RICHARD</b>		
2.3 STREET ADDRESS <b>1433 MAPLE ST</b>			2.3 STREET ADDRESS <b>2419 BISPHAM RD</b>		
2.4 CITY-ST-ZIP <b>NOKOMIS FL 34275</b>			2.4 CITY-ST-ZIP <b>SARASOTA FL 34231</b>		
3.1 TITLE <b>TD</b>			3.1 TITLE <b>VP</b>		
3.2 NAME <b>KAYSER, BETTY</b>			3.2 NAME <b>HALFAST, CHARLES</b>		
3.3 STREET ADDRESS <b>7294 CLOISTER DRIVE #11</b>			3.3 STREET ADDRESS <b>8407 CYPRESS HOLLOW DR</b>		
3.4 CITY-ST-ZIP <b>SARASOTA FL 34231</b>			3.4 CITY-ST-ZIP <b>SARASOTA FL 34238</b>		
4.1 TITLE <b>SD</b>			4.1 TITLE <b>VP</b>		
4.2 NAME <b>DENNIS, WALTER</b>			4.2 NAME <b>HALFAST, CHARLES</b>		
4.3 STREET ADDRESS <b>2415 RIVER BLUFF PKWY</b>			4.3 STREET ADDRESS <b>8407 CYPRESS HOLLOW DR</b>		
4.4 CITY-ST-ZIP <b>SARASOTA FL 34231</b>			4.4 CITY-ST-ZIP <b>SARASOTA FL 34238</b>		
5.1 TITLE <b>VP</b>			5.1 TITLE <b>VP</b>		
5.2 NAME <b>HARRIS, RICHARD</b>			5.2 NAME <b>HALFAST, CHARLES</b>		
5.3 STREET ADDRESS <b>2419 BISPHAM RD</b>			5.3 STREET ADDRESS <b>8407 CYPRESS HOLLOW DR</b>		
5.4 CITY-ST-ZIP <b>SARASOTA FL 34231</b>			5.4 CITY-ST-ZIP <b>SARASOTA FL 34238</b>		
6.1 TITLE <b>SPD</b>			6.1 TITLE <b>VP</b>		
6.2 NAME <b>WINEMILLER, STEPHEN P</b>			6.2 NAME <b>HALFAST, CHARLES</b>		
6.3 STREET ADDRESS <b>704 N. PORTIA STREET</b>			6.3 STREET ADDRESS <b>8407 CYPRESS HOLLOW DR</b>		
6.4 CITY-ST-ZIP <b>NOKOMIS FL 34275</b>			6.4 CITY-ST-ZIP <b>SARASOTA FL 34238</b>		



SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

Date

(941) 924-4664

Daytime Phone