


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90017 018 ****70.00

DOCUMENT # 711416 1. Entity Name FAITH LUTHERAN CHURCH, INC.					
Principal Place of Business % STEPHEN P WINEMILLER 7750 BENEVA RD SARASOTA, FL 34238			Mailing Address % STEPHEN P WINEMILLER 7750 BENEVA RD SARASOTA, FL 34238		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1170441	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WINEMILLER, STEPHEN P 7750 BENEVA RD SARASOTA, FL 34238			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, NANCY 7456 SHAUNA ST SARASOTA, FL 34241	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LITTLE, WILLIAM 535 PINE RANCH E. RD OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete		VPD STEVEN EVANS 5595 OAK GROVE CT. SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLATT, DAVID 4022 GREEN POINT COURT SARASOTA, FL 34233	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOREY, WALTER 5387 PEPPERMILL COURT SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete		CD BRYAN PROCTOR 7107 BLUEBELL CT. BRADENTON, FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINEMILLER, STEPHEN P 704 N. PORTIA STREET NOKOMIS, FL 34275	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06 (941) 924-4664
Date Day/yr / Phone #