

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90035 007 ****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

40010370



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1170441

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

WINEMILLER, STEPHEN P
7750 BENEVA RD
SARASOTA, FL 34238

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE **SD** ☐ Delete
NAME **TAYLOR, NANCY**
STREET ADDRESS **7456 SHAUNA ST**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **VPD** ☐ Delete
NAME **EVANS, STEVEN**
STREET ADDRESS **5595 OAK GROVE CT**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **TD** ☐ Delete
NAME **FLATT, DAVID**
STREET ADDRESS **4022 GREEN POINT COURT**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **CD** ☐ Delete
NAME **PROCTOR, BRYAN**
STREET ADDRESS **7107 BLUEBELL CT**
CITY-ST-ZIP **BRADENTON, FL 34202**

TITLE **PD** ☐ Delete
NAME **WINEMILLER, STEPHEN P**
STREET ADDRESS **704 N. PORTIA STREET**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7456 Shauna Ct**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4022 Green Pointe Ct.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-2007

Date

941 924-4664

Daytime Phone #