# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT#711416**

FILED Jan 16, 2008 Secretary of State

Entity Name: FAITH LUTHERAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

% STEPHEN P WINEMILLER 7750 BENEVA RD SARASOTA, FL 34238

Current Mailing Address: New Mailing Address:

% STEPHEN P WINEMILLER 7750 BENEVA RD SARASOTA, FL 34238

FEI Number: 59-1170441 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WINEMILLER, STEPHEN P 7750 BENEVA RD SARASOTA, FL 34238 U

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.

SIGNATURE:

- Flateria Circulus (Basistand Assat

### Electronic Signature of Registered Agent

#### Date

### **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 SD () Delete
 Title:
 CD (X) Change () Addition

 Name:
 TAYLOR, NANCY
 Name:
 TAYLOR, NANCY

 Address:
 7456 SHAUNA CT
 Address:
 7456 SHAUNA CT

 City-St-Zip:
 SARASOTA, FL 34241
 City-St-Zip:
 SARASOTA, FL 34241

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: EVANS, STEVEN Name: HOFFMAN, PHYLLIS

 Name
 EVANS, STEVEN
 Name
 HOFFWAN, PHYLLIS

 Address:
 5595 OAK GROVE CT
 Address:
 2092 SANDHILL LN

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:
 NOKOMIS, FL 34275

Title: TD () Delete Title: () Change () Addition

 Name:
 FLATT, DAVID
 Name:

 Address:
 4022 GREEN POINTE CT
 Address:

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:

 $\label{eq:title:cd} \mbox{Title:} \qquad \mbox{CD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{(X) Change () Addition}$ 

 Name:
 PROCTOR, BRYAN
 Name:
 RICE, SUE

 Address:
 7107 BLUEBELL CT
 Address:
 2320 TULIP ST

 City-St-Zip:
 BRADENTON, FL 34202
 City-St-Zip:
 SARASOTA, FL 34239

Title: PD () Delete Title: () Change () Addition

 Name:
 WINEMILLER, STEPHEN P
 Name:

 Address:
 704 N. PORTIA STREET
 Address:

 City-St-Zip:
 NOKOMIS, FL 34275
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN P WINEMILLER PD 01/16/2008