
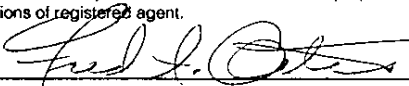
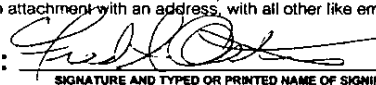


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2008 8:00 am**  
**Secretary of State**

08-01-2008 90039 035 \*\*\*\*61.25

<b>DOCUMENT # N01055</b> 1. Entity Name <b>FAITH LUTHERAN CHURCH OF LAKE LAND, FLORIDA, INC.</b>					
Principal Place of Business <b>211 EASTON DRIVE LAKE LAND, FL 33803</b>			Mailing Address <b>211 EASTON DRIVE LAKE LAND, FL 33803</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CROSBY, KAROLYN K 3634 ASHLING DR LAKE LAND, FL 33803</b>				Name <b>OETERS, FRED A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>924 WEDGEWOOD LANE</b> City <b>LAKE LAND</b> <b>FL</b> Zip Code <b>33813</b>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>FRED A. OETERS - TREA.</b> </div> <div style="width: 20%; text-align: right;"> <b>7/23/08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CROSBY, KAROLYN K 3634 ASHLING DR LAKE LAND, FL 33803</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD OETERS, FRED A. 924 WEDGEWOOD LANE LAKE LAND, FL 33813</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CARLSON, KAREN DR 3415 BRIDGEFIELD DRIVE LAKE LAND, FL 33803</b>	<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD VOGT, JACK 6335 CALUSA DR LAKE LAND, FL 33813</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BRYAN, KAREN 3448 WHITMAN DR. LAKE LAND, FL 33803</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CERRA, DAVID 703 SAGEWOOD DR LAKE LAND, FL 33813</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LINTZ, RICHARD 486 GARDEN DR. N. LAKE LAND, FL 33813</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICHARDSON, SYLVIA J 503 OAK DR W LAKE LAND, FL 33803</b>	<input type="checkbox"/> Delete			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MILO, OLSON 321 CRESTWOOD BLVD MULBERRY, FL 33860</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D OLSON, MILO 321 CRESTWOOD BLVD. MULBERRY, FL 33860</b>
		<input checked="" 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 an address, with all other like empowered.					
SIGNATURE:  <b>FRED A. OETERS - Trea.</b> <b>7/23/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date</small></span> <span style="float: right;"><small>Daytime Phone #</small></span>					

(863) 644-7466