

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700334

**FILED**  
**Feb 16, 2016**  
**Secretary of State**  
**CC5932229062**

**Entity Name:** FAITH EVANGELICAL LUTHERAN CHURCH OF NEW PORT RICHEY, FLORIDA

**Current Principal Place of Business:**

5443 SUNSET ROAD  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5443 SUNSET ROAD  
NEW PORT RICHEY, FL 34652 US

**FEI Number: 23-7040425**

**Certificate of Status Desired: Yes**

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

WENNDT, THOMAS R PASTOR  
5443 SUNSET ROAD  
NEW PORT RICHEY, FL 34652 US

*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: PASTOR THOMAS R. WENNDT**

**02/16/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MUETZEL, MICHAEL P  
Address 5443 SUNSET RD  
City-State-Zip: NEW PT RICHEY FL 34652

Title VPD  
Name BURKEE, TIMOTHY  
Address 5443 SUNSET RD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title TD  
Name SCHAERFFER, JOHN  
Address 5443 SUNSET RD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title AT  
Name KRAY, JAMES MCDONALD  
Address 5443 SUNSET RD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title ASST. TREASURER  
Name BROWN, DARLENE MC HENRY  
Address 11301 POSSUM TRAIL  
City-State-Zip: PORT RICHEY FL 34668

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN ROBERT SCHAERFFER**

**TREASURER**

**02/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date