

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700334

**FILED**  
**Feb 12, 2021**  
**Secretary of State**  
**0928562373CC**

**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: No**

**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**

**02/12/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MUSGRAVE, TAMI  
Address 5443 SUNSET RD  
City-State-Zip: NEW PT RICHEY FL 34652

Title VPD  
Name BUTLER, KATHERINE ANN  
Address 5443 SUNSET RD.  
City-State-Zip: NEW PORT RICHEY FL 34668

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

Title ASST. TREASURER  
Name FORESTER, DONNA  
Address 5443 SUNSET RD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title CORRESPONDING SECRETARY  
Name BROTHERS, PATTI  
Address 5443 SUNSET ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name GOODHUE, BARBARA  
Address 5443 SUNSET ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title ELDER  
Name MUETZEL, MIKE  
Address 5443 SUNSET ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name BAUMAN, DON  
Address 5443 SUNSET ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

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*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 SCHAERFFER**

**TREASURER**

**02/12/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HAHN, BARBARA  
Address 5443 SUNSET ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name BROCK, JERRY  
Address 5443 SUNSET ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name THOMPSON, STEVE  
Address 5443 SUNSET ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name LEENHOUTS, SANDI  
Address 5443 SUNSET ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name VERHEYEN, ROSE ANN  
Address 5443 SUNSET ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR  
Name MALMGREN, MARIAN  
Address 5443 SUNSET ROAD  
City-State-Zip: NEW PORT RICHEY FL 34652