

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705086

Entity Name: FAITH EVANGELICAL LUTHERAN CHURCH OF DELAND INC.**Current Principal Place of Business:**509 E PENNSYLVANIA AVE.
DELAND, FL 32724**Current Mailing Address:**509 E PENNSYLVANIA AVE.
DELAND, FL 32724**FEI Number:** 59-0914204**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WUERTZ, REV. ARTHUR
509 E PENNSYLVANIA AVE.
DELAND, FL 32724 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	MALLETT, DORA L
Address	509 E PENNSYLVANIA AVE.
City-State-Zip:	DELAND FL 32724

Title	PRESIDENT
Name	SWANTO, PAMELA
Address	509 E PENNSYLVANIA AVE.
City-State-Zip:	DELAND FL 32724

Title	VP
Name	BOYER, DON
Address	509 E PENNSYLVANIA AVE.
City-State-Zip:	DELAND FL 32724

Title	FINANCIAL SECRETARY
Name	BOYER, DEBBY
Address	509 E PENNSYLVANIA AVE.
City-State-Zip:	DELAND FL 32724

Title	SECRETARY
Name	MARTIN, HELEN
Address	509 E PENNSYLVANIA AVENUE
City-State-Zip:	DELAND FL 32724

Title	OFFICE MANAGER
Name	CORNWELL, AMY
Address	509 E PENNSYLVANIA AVE.
City-State-Zip:	DELAND FL 32724

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: DORA L. MALLETT**TREASURER****01/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date