

**2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 732693

**FILED  
Nov 24, 2015  
Secretary of State  
CR6031715118**

**Entity Name:** FAITH LUTHERAN CHURCH OF ROTONDA/WEST, FLORIDA, INC.

**Current Principal Place of Business:**

551 ROTONDA BLVD WEST  
ROTONDA WEST, FL 33947

**Current Mailing Address:**

551 ROTONDA BLVD WEST  
ROTONDA WEST, FL 33947 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

ARMEN, BRIAN W DR.  
551 ROTONDA BLVD W  
ROTONDA/WEST, FL 33947 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: BRIAN W. ARMEN**

**11/24/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BANTING, CHRIS  
Address 7410 SNOW DRIVE  
City-State-Zip: ENGLEWOOD FL 34224

Title SECRETARY  
Name FITZGERALD, MARY LOU  
Address 480 GREEN DOLPHIN DRIVE SOUTH  
City-State-Zip: CAPE HAZE FL 33946

Title TREASURER  
Name HANSON, ART  
Address 551 ROTONDA BLVD WEST  
City-State-Zip: ROTONDA WEST FL 33947

Title VP  
Name BENNETT, LARRY  
Address 551 ROTONDA BLVD WEST  
City-State-Zip: ROTONDA WEST FL 33947

Title PASTOR  
Name ARMEN, BRIAN DR.  
Address 551 ROTONDA BLVD WEST  
City-State-Zip: ROTONDA WEST FL 33947

*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: DR BRIAN ARMEN**

**PASTOR**

**11/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date