939 SW 7TH C1				
CAPE CORAL,	FL 33991-2422			
Current Mai	ling Address:			
939 SW 7TH CAPE CORA	CT L, FL 33991-2422			
FEI Number: 59-2406713		Certificate of Status Desired: Yes		
Name and A	ddress of Current Registered Agent:			
NUGENT, EDW 925 SW 6TH A\ CAPE CORAL,	/E			
The above named	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fl	lorida.
SIGNATURE: EDWARD NUGENT				00/40/0004
				02/19/2024
	Electronic Signature of Registered Agent			02/19/2024 Date
Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title	ELDER	
Officer/Diree	Electronic Signature of Registered Agent	Title Name	ELDER HANSON, JAMES FAITH	
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : SECRETARY			
Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : SECRETARY OSEN, MARY 1227 SE 44TH ST	Name	HANSON, JAMES FAITH 939 SW 7TH COURT	
Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : SECRETARY OSEN, MARY 1227 SE 44TH ST	Name Address	HANSON, JAMES FAITH 939 SW 7TH COURT	
Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : SECRETARY OSEN, MARY 1227 SE 44TH ST CAPE CORAL FL 33904	Name Address City-State-Zip:	HANSON, JAMES FAITH 939 SW 7TH COURT CAPE CORAL FL 33991	
Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : SECRETARY OSEN, MARY 1227 SE 44TH ST CAPE CORAL FL 33904 TREASURER	Name Address City-State-Zip: Title	HANSON, JAMES FAITH 939 SW 7TH COURT CAPE CORAL FL 33991 COUNCIL CHAIR	
Officer/Direc Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent Ctor Detail : SECRETARY OSEN, MARY 1227 SE 44TH ST CAPE CORAL FL 33904 TREASURER HALL, TERRIE	Name Address City-State-Zip: Title Name Address	HANSON, JAMES FAITH 939 SW 7TH COURT CAPE CORAL FL 33991 COUNCIL CHAIR LARSON, TIM FAITH	

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: OSEN, MARY

NUGENT, ED A

939 SW 7TH CT

CAPE CORAL FL 33991

SECRETARY

02/19/2024

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 747004

Entity Name: LIVING FAITH, A CHURCH OF THE LUTHERAN BRETHREN INCORPORATED

Current Principal Place of Business:

Name

Address

City-State-Zip:

FILED Feb 19, 2024 **Secretary of State** 8912841157CC

Date